

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004102

FILED
Apr 16, 2010
Secretary of State

Entity Name: NEIGHBORCARE PHARMACY SERVICES, INC.

Current Principal Place of Business:

100 E. RIVERCENTER BLVD.
SUITE 1600
COVINGTON, KY 41011 US

New Principal Place of Business:

Current Mailing Address:

100 E. RIVERCENTER BLVD.
SUITE 1600
COVINGTON, KY 41011 US

New Mailing Address:

FEI Number: 23-2963282 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: FINN, TRACY
Address: 100 E. RIVERCENTER BLVD. STE 1600
City-St-Zip: COVINGTON, KY 41011 US

Title: TD
Name: MARSH, THOMAS
Address: 100 E. RIVERCENTER BLVD., STE 1600
City-St-Zip: COVINGTON, KY 41011 US

Title: SD
Name: ROBBINS, REGIS T
Address: 100 E. RIVERCENTER BLVD, STE. 1600
City-St-Zip: COVINGTON, KY 41011 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: REGIS ROBBINS

SD

04/16/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date