

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000001927

1. Entity Name
OMNICARE RESPIRATORY SERVICES, LLC



Principal Place of Business

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

Mailing Address

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



04212004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0465903

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-stating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MARSH, THOMAS R
100 E. RIVERCENTER BLVD., SUITE 1600
COVINGTON, KY 41011**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ROBBINS, REGIS T
100 E. RIVERCENTER BLVD., SUITE 1600
COVINGTON, KY 41011**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FINN, LEO P
100 E. RIVERCENTER BLVD., SUITE 1600
COVINGTON, KY 41011**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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05/03/04-80126-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Regis Robbins
Regis Robbins

04/22/2004 859-392-3347

Date

Daytime Phone #