

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001927

FILED
Apr 29, 2009
Secretary of State

Entity Name: OMNICARE RESPIRATORY SERVICES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 03-0465903

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARSH, THOMAS R
Address: 100 E. RIVERCENTER BLVD., SUITE 1600
City-St-Zip: COVINGTON, KY 41011

Title: MGR () Delete
Name: ROBBINS, REGIS T
Address: 100 E. RIVERCENTER BLVD., SUITE 1600
City-St-Zip: COVINGTON, KY 41011

Title: MGR () Delete
Name: FINN, LEO P III
Address: 100 E. RIVERCENTER BLVD., SUITE 1600
City-St-Zip: COVINGTON, KY 41011

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: REGIS T ROBBINS

MGR

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date