

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000001927

**FILED**  
**Apr 19, 2010**  
**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  
Name: MARSH, THOMAS R  
Address: 100 E. RIVERCENTER BLVD., SUITE 1600  
City-St-Zip: COVINGTON, KY 41011

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

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

I hereby 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

04/19/2010

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