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REFERENCE : 131100 4326591

AUTHORIZATION :

COST LIMIT : \$4125.0

TALLAHASSEE, FLOR

ORDER DATE: May 24, 2006

ORDER TIME : 2:08 PM

ORDER NO. : 131100-005

CUSTOMER NO: 4326591

FOREIGN FILINGS

NAME: VAPS ACQUISITION COMPANY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER:



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2006

KIMBERLY MORET CSC TALLAHASSEE, FL

SUBJECT: VAPS ACQUISITION COMPANY, LLC

Ref. Number: W06000024093

We have received your document for VAPS ACQUISITION COMPANY, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

Please list the names and addresses of the MANAGERS or MANAGING MEMBERS in Item 9.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 206A00036688

RESUBMIT

DECEIVED

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DIVISION SEEN FLORIDA

TALLANSSEEN FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: VAPS Acquisition Company, LLC (Name of Foreign Limited Liability Company) (Jurisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized) 4-17-2006 (Duration: Year limited liability company will c (Date of Organization) exist or "perpetual") Upon registration (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 P.S. to determine penalty liability) 100 Bast RiverCenter Blvd. Covington, KY 41011 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: NeighborCare Pharmacy Services, Inc., 100 East RiverCenter Blvd., Covington, KY 41011 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Any lawful act or activity for which limited liability companies may do business in Florida Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Regis T. Robbins

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liabilit	ty Company is:		
VAPS Acquisiti	ion Company, LLC			
2. The name	and the Florida street a	address of the registered agent and office are:		
	Corporation Service Company			
		(Name)		
	1201 Hays Street			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301		
		City/State/Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

By:

(Signature)

Kimberly B. Moret

as its agent

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VAPS ACQUISITION COMPANY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MAY, A.D. 2006

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VAPS ACQUISITION COMPANY, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2006.



Warret Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4770256

DATE: 05-24-06

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