2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP



DOCUMENT # M0600002916 VAPS ACQUISITION COMPANY, LLC Mailing Address Principal Place of Business 100 EAST RIVERCENTER BLVD. 100 EAST RIVERCENTER BLVD. COVINGTON, KY 41011 COVINGTON, KY 41011 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-4849023 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. Manager L. Tracy Finn Addition MGRM Change TITLE Delete TITLE NEIGHBORCARE PHARMACY SERVICES, INC. NAME NAME 100 E. Rivercenter Blvd., Ste. 1600 STREET ADDRESS 100 EAST RIVERCENTER BLVD. STREET ADDRESS CITY-ST-ZIP COVINGTON, KY 41011 CITY-ST-7IP Covington Ky 41011 ☐ Change Addition TITLE Delete TITLE Manager T. Robbins NAME NAME E. Rivercenter Blvd., Ste. 1600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Covington, Ky 41011 ☐ Delete TITLE ☐ Change Addition TITLE Manager Thomas R. Marsh 100 E. Rivercenter Blvd., Ste. 1600 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Covington, Ky 41011 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

Thomas R. Marsh 04/24/2007

FILED Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90028 003 ****50.00