# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 10, 2011**
**Secretary of State**

DOCUMENT# M10000001079

**Entity Name:** PHARMERICA INSTITUTIONAL PHARMACY SERVICES, LLC.

**Current Principal Place of Business:**

1901 CAMPUS PLACE
LOUISVILLE, KY 40299

**New Principal Place of Business:**

**Current Mailing Address:**

1901 CAMPUS PLACE
LOUISVILLE, KY 40299

**New Mailing Address:**

1901 CAMPUS PLACE
TAX DEPARTMENT
LOUISVILLE, KY 40299

**FEI Number: 31-1537858** **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: WEISHAR, GREGORY S
Address: 1901 CAMPUS PLACE
City-St-Zip: LOUISVILLE, KY 40299

Title: MGR
Name: CULOTTA, MICHAEL J
Address: 1901 CAMPUS PLACE
City-St-Zip: LOUISVILLE, KY 40299

Title: MGR
Name: CANERIS, THOMAS A
Address: 1901 CAMPUS PLACE
City-St-Zip: LOUISVILLE, KY 40299

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 Statues.

SIGNATURE: MICHAEL J. CULOTTA MANA 03/10/2011

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