

FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
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1997 JUN 13 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT #196000000504

VOLIP, LTD., L.C.
2800 CHEMED CENTER
255 EAST FIFTH STREET
CINCINNATI OH 45202

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

2800 CHEMED CENTER
255 EAST FIFTH STREET
CINCINNATI OH 45202

2. Principal Place of Business 50 East RiverCenter Blvd. Suite, Apt. #, etc. Suite 1530 City & State Covington, Kentucky Zip 41011	2a. Mailing Address 50 East RiverCenter Blvd. Suite, Apt. #, etc. Suite 1530 City & State Covington, Kentucky Zip 41011	3. Date Organized or Qualified 12/18/1996	3a. State of Formation OH	4. FEI Number 31-1536632 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report APPROVED FOR	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	OMNICARE HOLDING COM,	255 EAST FIFTH STREET	CINCINNATI OH
MGRM	OCR SERVICES CORPORA,	255 EAST FIFTH STREET	CINCINNATI OH

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****203.75 ****203.75

Handwritten signature and date: JAG 6/18/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  **Jeffrey A. Glancy** **4/20/97** **(606) 655-1185**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #