

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90082 007 ****50.00

DOCUMENT # M99000001453

1. Entity Name

OMNICARE PHARMACY OF TENNESSEE LLC



956845



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1717 DIXIE HIGHWAY, SUITE 800 FT. WRIGHT KY 41011	Mailing Address 1717 DIXIE HIGHWAY, SUITE 800 FT. WRIGHT KY 41011
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 61-1347088	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LCPS ACQUISITION, LLC 100 E. RIVERCENTER BLVD., STE 1500 COVINGTON KY 41011 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINN, TRACY 1000 HATCH CINCINNATI OH 45202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABBOTT, BRADLEY S 100 E. RIVER CENTER BLVD., SUITE 1500 COVINGTON KY 41011 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARSH, THOMAS R 100 E. RIVER CENTER BLVD., SUITE 1500 COVINGTON KY 41011 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREANY, CATHERINE 100 E. RIVER CENTER BLVD., STE. 1500 COVINTON KY 41011 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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.

SIGNATURE: Bradley S. Abbott **REQUIRED** 4/17/2002 859-426-3069

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

CR2E063 (9/01)

Attachment
956845

Omnicare Pharmacy of Tennessee, LLC

#M99000001453

List of Officers

Tracy Finn, President
1000 Hatch
Cincinnati, Ohio 45202
336-42-3235

Bradley S. Abbott, Vice President
100 East River Center Boulevard, Suite 1500
Covington, Kentucky 41011

Catherine I. Greany, Secretary
100 East River Center Boulevard, Suite 1500
Covington, Kentucky 41011

Thomas R. Marsh, Treasurer
100 East River Center Boulevard, Suite 1500
Covington, Kentucky 41011