

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90124 038 \*\*\*\*50.00

<b>DOCUMENT # M99000001453</b> 1. Entity Name <b>OMNICARE PHARMACY OF TENNESSEE LLC</b>			
Principal Place of Business <b>100 E RIVERCENTER BLVD COVINGTON, KY 41011</b>		Mailing Address <b>1717 DIXIE HIGHWAY, SUITE 800 FT. WRIGHT, KY 41011</b>	
2. Principal Place of Business <b>100 E. Rivercenter Blvd.</b> Suite, Apt. #, etc. <b>Suite 1600</b> City & State <b>Covington, Ky</b> Zip <b>41011</b>		3. Mailing Address <b>100 E. Rivercenter Blvd.</b> Suite, Apt. #, etc. <b>Suite 1600</b> City & State <b>Covington, Ky</b> Zip <b>41011</b> Country <b>U.S.A.</b>	
4. FEI Number <b>61-1347088</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>LCPS ACQUISITION, LLC</b> <b>100 E. RIVERCENTER BLVD., STE 1500</b> <b>COVINGTON, KY 41011</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>LCPS Acquisition, LLC</b> <b>100 E. Rivercenter Blvd., Ste. 1600</b> <b>Covington, Ky 41011</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>FINN, TRACY</b> <b>1000 HATCH</b> <b>CINCINNATI, OH 45202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Finn, Tracy</b> <b>100 E. Rivercenter Blvd., Ste. 1600</b> <b>Covington, Ky 41011</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>ABBOTT, BRADLEY S</b> <b>100 E. RIVER CENTER BLVD., SUITE 1500</b> <b>COVINGTON, KY 41011</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Abbott, Bradley S.</b> <b>100 E. Rivercenter Blvd., Ste 1600</b> <b>Covington, Ky 41011</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>MARSH, THOMAS R</b> <b>100 E. RIVER CENTER BLVD., SUITE 1500</b> <b>COVINGTON, KY 41011</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Marsh, Thomas - R.</b> <b>100 E. Rivercenter Blvd., Ste. 1600</b> <b>Covington, Ky 41011</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>ROBBINS, REGIS T</b> <b>100 E. RIVERCENTER BLVD STE 1600</b> <b>COVINGTON, KY 41011</b> <input type="checkbox"/> Delete	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"/> Delete	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.			
<b>SIGNATURE: <u>Bradley S. Abbott</u> 04/23/2004 859-392-3347</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			