

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M99000001453**

1. Entity Name  
**OMNICARE PHARMACY OF TENNESSEE LLC**



Principal Place of Business  
**100 E RIVERCENTER BLVD  
SUITE 1600  
COVINGTON, KY 41011**

Mailing Address  
**100 E RIVERCENTER BLVD  
SUITE 1600  
COVINGTON, KY 41011**



04012005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**61-1347088**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

6. 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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
LCPS ACQUISITION, LLC  
100 E. RIVERCENTER BLVD., STE. 1600  
COVINGTON, KY 41011**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
FINN, TRACY  
100 E. RIVERCENTER BLVD., STE. 1600  
COVINGTON, KY 41011**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
ABBOTT, BRADLEY S  
100 E. RIVERCENTER BLVD., STE. 1600  
COVINGTON, KY 41011**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
MARSH, THOMAS R  
100 E. RIVERCENTER BLVD., STE. 1600  
COVINGTON, KY 41011**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
ROBBINS, REGIS T  
100 E. RIVERCENTER BLVD STE 1600  
COVINGTON, KY 41011**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U00000356845  
05/04/05-80053-021 50.00

**DO NOT WRITE  
IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*04/01/2005*

DATE

*859-392-3347*

DAYTIME PHONE #