2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000001453

1. Entity Name
OMNICARE PHARMACY OF TENNESSEE LLC

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

04252006 No Chg-LLC CR2E083 (11/05)

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

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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 _____ _____
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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LCPS ACQUISTION, LLC
STREET ADDRESS	100 E. RIVERCENTER BLVD., STE. 1600
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	MGRM
NAME	FINN, TRACY
STREET ADDRESS	100 E. RIVERCENTER BLVD., STE. 1600
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	MGR
NAME	ABBOTT, BRADLEY S
STREET ADDRESS	100 E. RIVERCENTER BLVD., STE. 1600
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	MGR
NAME	MARSH, THOMAS R
STREET ADDRESS	100 E. RIVERCENTER BLVD., STE. 1600
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	MGR
NAME	ROBBINS, REGIS T
STREET ADDRESS	100 E. RIVERCENTER BLVD STE 1600
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000541008
05/10/06-80038-021 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas R Marsh Thomas R. Marsh 04/26/2006 (859) 392-3463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #