

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
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



04232007 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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME LCPS ACQUISITION, 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

U00000735596
05/10/07-80040-002 50.00

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IN THIS SPACE**

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:

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

Thomas R. Marsh

04/23/2007 (859) 392-7358

Date

Daytime Phone #