

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M990000001453

FILED
Apr 19, 2010
Secretary of State

Entity Name: OMNICARE PHARMACY OF TENNESSEE LLC

Current Principal Place of Business:

100 E RIVERCENTER BLVD
SUITE 1600
COVINGTON, KY 41011

New Principal Place of Business:

Current Mailing Address:

100 E RIVERCENTER BLVD
SUITE 1600
COVINGTON, KY 41011

New Mailing Address:

FEI Number: 61-1347088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LCPS ACQUISITION, LLC
Address: 100 E. RIVERCENTER BLVD., STE. 1600
City-St-Zip: COVINGTON, KY 41011

Title: P
Name: FINN, TRACY
Address: 100 E. RIVERCENTER BLVD., STE. 1600
City-St-Zip: COVINGTON, KY 41011

Title: MGRM
Name: LANGSAM HEALTH SERVICES, LLC
Address: 100 E. RIVERCENTER BLVD., STE. 1600
City-St-Zip: COVINGTON, KY 41011

Title: T
Name: MARSH, THOMAS R
Address: 100 E. RIVERCENTER BLVD., STE. 1600
City-St-Zip: COVINGTON, KY 41011

Title: S
Name: ROBBINS, REGIS T
Address: 100 E. RIVERCENTER BLVD STE 1600
City-St-Zip: COVINGTON, KY 41011

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: REGIS T. ROBBINS

S

04/19/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date