2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M9900001453 1. Entity Name

## OMNICARE PHARMACY OF TENNESSEE LLC



FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90693 006 \*\*\*\*50.00

Principal Place of Business		Mailing Address										
1717 DIXIE HIGHWAY, SUITE 800 FT. WRIGHT KY 41011		1717 DIXIE HIGHWAY, SUITE 800 FT. WRIGHT KY 41011										
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2. Principal Place of Business 100 E. Rivercenter Blvd.		3. Mailing Address										
Suite, Apt. #, etc. Suite 1600		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State	e	City & State				4. FEI Numb	er <b>61-</b>	1347088		-	pplied For lot Applicable	
Zip Country, USA		Zip	try							.00 Additional e Required		
				7. Name and	d Address	of New Regi	stered Ag	jent				
				Name								
	PORATION SERVICE COMPANY	Street Add:			ddress (P	ess (P.O. Box Number is Not Acceptable)						
	I HAYS STREET _AHASSEE FL 32301-2525	Sileer Ad				TOOK (1.0. DOX Harmoof to Hot Propopology						
IALL												
				City					FL	Zip Cod	de	
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or	registere	d agent, or bo	th, in the S	tate of Florida	a. I am far	niliar with	, and accept	
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 as	d Agent signat	ure required v	hen reinstating)			DATE					
FILE NOW!! Make Check Payable to					oartmen	t of State				· <del>- · ·</del>		
		Due	By Ma	ay 1, 200	3							
9.	MANAGING MEMBER	RS/MANAGERS	10.				ΑĐ	DITIONS/CH	IANGES			
TITLE	MGRM	☐ Delete	TITLE		Man				(	Change	Addition	
NAME	LCPS ACQUISTION, LLC		NAM		Regis	5 T: Robi	oins	721	< L_ 11	400	1	
i	STREET ADDRESS 100 E. RIVERCENTER BLVD., STE 1500			ET ADDRESS		Riverc	enter		27E. 11	200		
CITY-ST-ZIP	COVINGTON KY 41011			-ST-ZIP	COVI	ngton,	_K\	41011				
TITLE	MGRM	☐ Delete	TITLE			_			Į	Change	Addition	
NAME CENTEET ADORESE	FINN, TRACY		NAM	ET ADDRESS							ļ	
STREET ADDRESS CITY-ST-ZIP	1000 HATCH			-ST-ZIP								
	CINCINNATI OH 45202		-							Change	Addition	
TITLE NAME	MGR	Delete	TITLE NAM.		-					Ctiange	Addition	
STREET ADDRESS	ABBOTT, BRADLEY S 100 E. RIVER CENTER BLVD., SU	IITE 1500		ET ADDRESS							Ì	
CITY-ST-ZIP	COVINGTON KY 41011	JIIL 1500	CITY	-ST-ZIP							1	
TITLE	MGR	☐ Delete	TITLE							Change	Addition	
NAME	MARSH, THOMAS R		, NAM						_	_ •	_	
STREET ADDRESS	100 E. RIVER CENTER BLVD., SU	JITE 1500	STRE	ET ADDRESS								
			-ST-ZIP									
TITLE	MGR	<b>⊠</b> Delete	TITLE						[	Change	☐ Addition	
NAME .	GREANY, CATHERINE	•	NAM								ł	
STREET ADDRESS	100 E. RIVER CENTER BLVD., ST	E. 1500		ET ADDRESS							1	
CITY-ST-ZiP	COVINTON KY 41011	,	CITY	-ST-ZIP								
TITLE		☐ Delete	TITLE						[	Change	☐ Addition	
NAME CYPEET LODDECC			NAMI									
STREET ADDRESS				ET ADDRESS								
CITY-ST-ZIP				-ST-ZIP						.1		
11 I hereby o	ertify that the information supplied with	this tiling does not qualify for	the exer	motion stat	ted in Sec	tion 119.07(3):	u) Florida	Statutes I fur	mer certif	v that the	information	

I hereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(1), Horida Statules. 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.