

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000013596

**Entity Name:** NEIGHBORCARE PHARMACY SERVICES, LLC

**Current Principal Place of Business:**

ONE CVS DRIVE  
WOONSOCKET , RI 02895

**Current Mailing Address:**

ONE CVS DRIVE  
WOONSOCKET , RI 02895 US

**FEI Number:** 23-2963282

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title	MEMBER	Title	ASST. SECRETARY
Name	OMNICARE, LLC	Name	ANGELO, MELANIE K. ST
Address	900 OMNICARE CENTER 201 EAST 4TH STREET	Address	ONE CVS DRIVE
City-State-Zip:	CINCINNATI OH 45202	City-State-Zip:	WOONSOCKET RI 02895

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ST ANGELO, MELANIE K.

**ASST. SECRETARY**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date