

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000004102

**Entity Name:** NEIGHBORCARE PHARMACY SERVICES, INC.

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC7432865822**

**Current Principal Place of Business:**

900 OMNICARE CENTER  
201 EAST FOURTH STREET  
CINCINNATI, OH 45202

**Current Mailing Address:**

ONE CVS DRIVE  
LEGAL DEPARTMENT 1160  
WOONSOCKET, RI 02895 US

**FEI Number:** 23-2963282

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Officer/Director Detail :**

Title PD  
Name HALEY, ELIZABETH A  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title VP, DIRECTOR, SECRETARY  
Name MOFFATT, THOMAS S  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title VP, DIRECTOR, TREASURER  
Name DENALE, CAROL A  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title ASST. SECRETARY  
Name BUCHANAN-WOOD, CARRIE  
Address 900 OMNICARE CENTER  
201 EAST FOURTH STREET  
City-State-Zip: CINCINNATI, OH 45202

Title ASST. TREASURER  
Name CLARK, JEFFREY E  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title ASST. TREASURER  
Name BEAULIEU, SHEELAGH M  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title ASST. SECRETARY  
Name CIMBRON, LINDA M  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title ASST. SECRETARY  
Name TEMPLE, CECILIA  
Address 900 OMNICARE CENTER  
201 EAST FOURTH STREET  
City-State-Zip: CINCINNATI, OH 45202

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*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MELANIE K LUKER

**ASSISTANT SECRETARY** 04/28/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY

Name LUKER, MELANIE K

Address ONE CVS DRIVE

City-State-Zip: WOONSOCKET RI 02895

Title ASST. SECRETARY

Name DESOUSA, KIMBERLEY M

Address ONE CVS DRIVE

City-State-Zip: WOONSOCKET RI 02895