

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000004102

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

**FILED**  
**Apr 23, 2019**  
**Secretary of State**  
**5827914678CC**

**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:**

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:** MELANIE K LUKER

04/23/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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 LUKER, MELANIE K  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

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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** 04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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