

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000004102

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

**Current Principal Place of Business:**

900 OMNICARE CENTER  
201 EAST FOURTH STREET  
CINCINNATI,, OH 45202

**Current Mailing Address:**

900 OMNICARE CENTER  
201 EAST FOURTH STREET  
CINCINNATI,, OH 45202 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 900 OMNICARE CENTER  
201 EAST FOURTH STREET  
City-State-Zip: CINCINNATI, OH 45202

Title SD  
Name KUKULSKI, JONATHAN D  
Address 900 OMNICARE CENTER  
201 EAST FOURTH STREET  
City-State-Zip: CINCINNATI, OH 45202

Title TD  
Name ROBBINS, REGIS T  
Address 900 OMNICARE CENTER  
201 EAST FOURTH STREET  
City-State-Zip: CINCINNATI, OH 45202

*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:** JONATHAN D. KUKULSKI

**SECRETARY**

**04/21/2013**

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

\_\_\_\_\_  
Date