

No. W 90473		Due no later than Feb 28, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. OMNICARE PROPERTY MANAGEMENT, LLC REGIS T ROBBINS 900 OMNICARE CENTER 201 EAST FOURTH STREET CINCINNATI OH 45202		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	NEIGHBORCARE PHARMACY SERVICES, INC.	900 OMNICARE CENTER 201 EAST FOURTH STREET	CINCINNATI	OH	USA	45202	
5. Organized Under the Laws of: DE W 90473		6. Annual Report must be signed.* Signature: Jonathan D Kukulski Name (type or print): Jonathan D Kukulski Date: 01/08/2014 Title: Secretary					
Processed 01/08/2014		* Electronically provided signatures are accepted as original signatures.					