No. <b>C 174294</b>		Due no later than Jul 31, 2018 2. Registered Agent and Address (NO PO BOX)					PO BOX)
Return to:		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  NEIGHBORCARE PHARMACY SERVICES, INC.  MELANIE LUKER ATTN LEGAL DEPT.  ONE CVS DRIVE  WOONSOCKET RI 02895					
4. Corporations: Enter Nam	nes and Busine	ess Addresses of Presider	nt, Secretary, and Directors. Treasure	r (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT THOMAS S		MOFFATT	ONE CVS DRIVE	WOONSOCKET	RI	USA	02895
SECRETARY CECILIA TEM		1PLE	900 OMNICARE CENTER 201 E. 4TH	ST CINCINNATI	OH	USA	45202
TREASURER CAROL A DI		ENALE	ONE CVS DRIVE	WOONSOCKET	RI	USA	02895
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE C 174294		Signature: THOMAS S MOFFATT			Date: 07/17/2018		
		Name (type or print): THOMAS S MOFFATT			Title: PRESIDENT		
Processed 07/17/2018	* Electronically provided signatures are accepted as original signatures.						