No. <b>W 54533</b>	Due no later than Sep 30, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form  1. Mailing Address: Correct in this box if needed.  EVERGREEN PHARMACEUTICAL, LLC  900 OMNICARE CENTER  201 EAST FOURTH STREET  CINCINNATI OH 45202		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter Na	mes and Addresses of at	least one Member or Manager.				
Office Held Name		Street or PO Address	City	State	Country	Postal Code
I MEMBER	R NEIGHBORCARE PHARMACY SERVICES, INC.		COVINGTON	KY	USA	41011
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
WA Signature: Jonathan D. Kukulski		D. Kukulski	Date: 08/30/2012			
W 54533	Name (type or print): Jonathan D. Kukulski			Title: Secretary		
Processed 08/30/2012	* Electronically provided signatures are accepted as original signatures.					