

No. C 174294		Due no later than Jul 31, 2015		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. NEIGHBORCARE PHARMACY SERVICES, INC. 900 OMNICARE CENTER 201 EAST FOURTH STREET CINCINNATI OH 45202		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
TREASURER	ANKUR BHANDARI	900 OMNICARE CENTER 201 EAST FOURTH STREET	CINCINNATI	OH	USA	45202
SECRETARY	JONATHAN D. KUKULSKI	900 OMNICARE CENTER 201 EAST FOURTH STREET	CINCINNATI	OH	USA	45202
PRESIDENT	ELIZABETH A HALEY	900 OMNICARE CENTER 201 EAST FOURTH STREET	CINCINNATI	OH	USA	45202
DIRECTOR	JONATHAN D KUKULSKI	900 OMNICARE CENTER 201 EAST FOURTH STREET	CINCINNATI	OH	USA	45202
5. Organized Under the Laws of: DE C 174294		6. Annual Report must be signed.* Signature: JONATHAN D KUKULSKI Name (type or print): JONATHAN D KUKULSKI		Date: 07/08/2015 Title: SECRETARY		
Processed 07/08/2015		* Electronically provided signatures are accepted as original signatures.				