No. W 103681	Du	Due no later than May 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed. PHARMERICA DRUG SYSTEMS, LLC TAX DEPARMENT 1901 CAMPUS PL LOUISVILLE KY 40299					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TAX DEPARM						
	LOUISVILLE			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
The second secon	RY S. WEISHAR	1901 CAMPUS PLACE	LOUISVILLE	KY	USA	40299-2308	
MANAGER THOMA	AS A. CANERIS	1901 CAMPUS PLACE	LOUISVILLE	KY	USA	40299-2308	
5. Organized Under the Laws of:	6. Annual Repo	rt must be signed.*					
DE	Signature: T	Signature: TARA BIRK		Date: 05/03/2017			
W 103681	Name (type o	Name (type or print): TARA BIRK		Title: Sr. Tax Analyst			
Processed 05/03/2017	* Electronically p	* Electronically provided signatures are accepted as original signatures.					