

No. W 90473		Due no later than Feb 29, 2012		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 100 E RIVERCENTER BLVD STE 1600 COVINGTON KY 41011		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.	100 E RIVERCENTER BLVD STE 1600	COVINGTON	KY	USA	41011	
5. Organized Under the Laws of: DE W 90473		6. Annual Report must be signed.* Signature: Regis T. Robbins Name (type or print): Regis T. Robbins Date: 01/06/2012 Title: Authorized Person					
Processed 01/06/2012		* Electronically provided signatures are accepted as original signatures.					