No. **C 174294**	**Due no later than Jul 31, 2013**	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 USA 3. New 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	DONNA M LECKY	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	DONNA M LECKY	900 OMNICARE CENTER 201 EAST FOURTH STREET	CINCINNATI	OH	USA	45202

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
DE **C 174294**	Signature: Jonathan D. Kukulski Name (type or print): Jonathan D. Kukulski	Date: 07/05/2013 Title: Secretary

Processed 07/05/2013

* Electronically provided signatures are accepted as original signatures.