No. C 203197		Due no later than Aug 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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ADVANCED CARE SCRIPTS, INC. 900 OMNICARE CENTER 201 EAST FOURTH STREET CINCINNATI OH 45202		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE			ideat Country and Director Tonger	(autional)			
Corporations: Enter Names and Business Addres Office Held Name		ess addresses of Pres	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	ELIZABETH /	A HALEY	900 OMNICARE CENTER 201 EAST FOURTH STREET	CINCINNATI	OH	Country	45202
SECRETARY	JONATHAN I) KUKULSKI	900 OMNICARE CENTER 201 EAST FOURTH STREET	CINCINNATI	ОН		45202
5. Organized Under t	he Laws of:	6. Annual Report mu	st be signed.*				
FL C 203197		Signature: JONATHAN D KUKULSKI Date: 08/12/2015					5
		Name (type or print): JONATHAN D KUKULSKI			Title: SECRETARY		
Processed 08/12/2015	5	* Electronically provide	ded signatures are accepted as original sig	ınatures.			