No. **W 91923**	**Due no later than Mar 31, 2017** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** PHARMERICA INSTITUTIONAL PHARMACY SERVICES, LLC TARA BIRK TAX DEPARTMENT 1901 CAMPUS PL LOUISVILLE KY 40299	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New 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
MANAGER	THOMAS A. CANERIS	1901 CAMPUS PLACE	LOUISVILLE	KY	USA	40299-2308

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
DE **W 91923**	Signature: THOMAS A CANERIS Name (type or print): THOMAS A CANERIS	Date: 03/14/2017 Title: Manager

Processed 03/14/2017

* Electronically provided signatures are accepted as original signatures.