

No. W 103681		Due no later than May 31, 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. PHARMERICA DRUG SYSTEMS, LLC MICHAEL J CULOTTA 1901 CAMPUS PL LOUISVILLE KY 40299		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
MEMBER	MICHAEL J CULOTTA	1901 CAMPUS PLACE	LOUISVILLE	KY	USA
Postal Code 40299					
5. Organized Under the Laws of: DE W 103681		6. Annual Report must be signed.* Signature: Michael Name (type or print): Michael Date: 05/14/2012 Title: Culotta			
Processed 05/14/2012		* Electronically provided signatures are accepted as original signatures.			