

No. C 174294		Due no later than Jul 31, 2009 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. NEIGHBORCARE PHARMACY SERVICES, INC. TRACY SVENDSEN 100 E RIVERCENTER BLVD STE 1600 COVINGTON KY 41011		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702		
				3. <u>New</u> 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
DIRECTOR	THOMAS R MARSH	100 E RIVERCENTER BLVD SUITE 1600	COVINGTON	KY	USA	41011
DIRECTOR	REGIS T ROBBINS	100 E. RIVERCENTER BLVD SUITE 1600	COVINGTON	KY	USA	41011
DIRECTOR	LEO P. FINN	100 E. RIVERCENTER BLVD SUITE 1600	COVINGTON	KY	USA	41011
TREASURER	THOMAS R. MARSH	100 E. RIVERCENTER BLVD SUITE 1600	COVINGTON	KY	USA	41011
PRESIDENT	LEO P FINN	100 E RIVERCENTER BLVD STE 1600	COVINGTON	KY	USA	41011
SECRETARY	REGIS T ROBBINS	100 E RIVERCENTER BLVD STE 1600	COVINGTON	KY	USA	41011
5. Organized Under the Laws of: DE C 174294		6. Annual Report must be signed.* Signature: Regis T Robbins Name (type or print): Regis T Robbins		Date: 07/13/2009 Title: Secretary		
Processed 07/13/2009		* Electronically provided signatures are accepted as original signatures.				