

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000005196

Entity Name: NCS HEALTHCARE OF KENTUCKY, LLC

Current Principal Place of Business:

900 OMNICARE CENTER
201 EAST 4TH STREET
CINCINNATI, OH 45202

Current Mailing Address:

900 OMNICARE CENTER
201 EAST 4TH STREET
CINCINNATI, OH 45202 US

FEI Number: 31-1521217

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORAITON SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MEMBER
Name NEIGHBORCARE PHARMACY SERVICES, LLC
Address 900 OMNICARE CENTER
201 EAST 4TH STREET
City-State-Zip: CINCINNATI OH 45202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELANIE K ST ANGELO

ASSISTANT SECRETARY 04/18/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date