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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 15 1997 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9500003365 (2)

COMPASS PHARMACY SERVICES, INC.

Principal Place 125 EUGENE O'I	of Business	Mailing Address							
		Mailing Address	125 EUGENE O'NEILL DR.			A 1923,224 1112 (2112 2211 2211 2211 2211 2211			
NEW LONDON CT 06355			NEW LONDON CT 06320-6410						
US		US							
						3. Date Incorporated or Qualified		e of Last R	leport
2 Principal Pl:	ace of Business	2a Mailing Addres				07/13/1995	05/0	1/1996	
	ace of Business	2a. Mailing Addre	SS			4. FEI Number			oplied For
21   Suite, Apt. #, etc.		Suite, Apt. #, etc.			04-3166395		<del></del>	ot Applicable	
22	., 0.00	27	510.			5. Certificate of Status Desired		\$8.75 /	Additional equired
City & State		City & State				6. Election Campaign Financing			· • • • • • • • • • • • • • • • • • • •
23		28				Trust Fund Contribution		\$5.00 Added 1	
Zip	Country	Zip		Country		8. This corporation has liability for	intangible t		
24	25	29	30					] No	
	9, Name and Address of Currer	nt Registered Agent		·		10. Name and Address of New Re	egistered A	gent	
	CORPORATION SYSTEM			81	Namo				
	SOUTH PINE ISLAND ROAD			82	Street Ad	dress (P.O. Box Number is Not Acceptal	ble)		
PLAN	TATION FL 33324				·· <del></del>				
				83					
				84	City			85 Zip (	Code
		•			•		FL	1	
11. Pursuant to office or re	o th <b>e</b> provisions of Sections 607.050 coistered agent, or both, in the State	92 and 607.1508, Florida Fot Florida, Such chang	s Statutes, i ie was auth	the above	named co	orporation submits this statement for the pration's board of directors. Thereby acce	purpose of a	changing it	s registered
agent. I am	n familiar with, and accept the oblig	ations of, Section 607.0	505, Florida	a Statutes	uno compor	distribusing of the division of the distribusion of the distribusi	by and phylo	municin as	registered
SIGNATURE _									
	Signature, typed or printed name of registered ago OFFICERS AN		(NO1£ : Fee		it signature rec	quired when rejestating)	DATE		0 11 40
				40		ADDITIONS OF TAXABLE TO SEE			
12.	CD	<del></del>	E1E	13.		ADDITIONS/CHANGES TO OFFIC		_	
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