

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003365**

1. Corporation Name

Compass Pharmacy Services, Inc.

Principal Place of Business

Mailing Address

975 Florida Central Parkway  
Suite 1800  
Longwood, FL 32750

1771 W. Diehl Rd  
Naperville, IL  
60563

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

99 DEC 16 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida

7/13/95

5. FEI Number

04-3166395

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Add'l Income Tax required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D.R.	George Morgan	One Ravinia Dr., Suite 1500	Atlanta, GA 30346
D.R.	Susan Whittle	One Ravinia Dr., Suite 1500	Atlanta, GA 30346
V. Pres	Boyd Gentry	One Ravinia Dr., Suite 1500	Atlanta, GA 30346
Treas	Stefano Miele	One Ravinia Dr., Suite 1500	Atlanta, GA 30346
V. Pres	Chris Mollet	1771 W. Diehl Rd.	Naperville, IL 60563
Asst. Sec.	Susan Whittle	One Ravinia Dr., Suite 1500	Atlanta, GA 30346

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System 1000 South Pine Island Road Plantation, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Signature]*

Kirk Hood, Asst. Secretary

REGISTERED AGENT MUST SIGN

500003078185--5

Date 12/22/99

\*\*\*\*\*8.75 \*\*\*\*\*8.75

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Mollet  
Vice President + Assistant Secretary

12/8/99

Date

630-305-8000

Daytime Phone #

CR-2001 (12/98)