

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003365

1. Entity Name

COMPASS PHARMACY SERVICES, INC.

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90044 006 \*\*\*150.00

Principal Place of Business

975 FLORIDA CENTRAL PARKWAY  
SUITE 1800  
LONGWOOD FL 32750  
US

Mailing Address

1771 W. DIEHL ROAD  
NAPERVILLE IL 60563

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3166395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **MORGAN, GEORGE**  
STREET ADDRESS **ONE RAVINIA DRIVE, SUITE 1500**  
CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **ASD** ☐ Delete  
NAME **WHITTLE, SUSAN**  
STREET ADDRESS **ONE RAVINIA DRIVE, SUITE 1500**  
CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **VPT** ☐ Delete  
NAME **GENTRY, BOYD**  
STREET ADDRESS **ONE RAVINIA DRIVE, SUITE 1500**  
CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **VPS** ☐ Delete  
NAME **MIELE, STEFANO**  
STREET ADDRESS **ONE RAVINIA DRIVE, SUITE 1500**  
CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **VPAS** ☐ Delete  
NAME **MOLLET, CHRIS**  
STREET ADDRESS **1771 W. DIEHL ROAD**  
CITY-ST-ZIP **NAPERVILLE IL 60563**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director, President and Treasurer** ☐ Change ☒ Addition  
NAME **Boyd P. Gentry**  
STREET ADDRESS **One Ravinia Dr, Ste 1500**  
CITY-ST-ZIP **Atlanta, GA 30346**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **See above - Director, President and Treasurer** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **John Notermann**  
STREET ADDRESS **One Ravinia Dr, Suite 1500**  
CITY-ST-ZIP **Atlanta, GA 30346**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other fees covered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris J. Mollet

3/12/01

(630) 305-8000

Date

Daytime Phone #

CR2E034 (10/00)