

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90181 014 ***150.00

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1. Entity Name
NCS HEALTHCARE OF FLORIDA, INC.



Principal Place of Business
3201 ENTERPRISE PKWY #220
BEACHWOOD, OH 44122

Mailing Address
3201 ENTERPRISE PKWY #220
BEACHWOOD, OH 44122

24072187



04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

100 E. Rivercenter Blvd.

Suite, Apt. #, etc.

Suite 1600

City & State

Covington, Ky

Zip

41011

Country

U.S.A.

3. Mailing Address

100 E. Rivercenter Blvd.

Suite, Apt. #, etc.

Suite 1600

City & State

Covington, Ky

Zip

41011

Country

U.S.A.

4. FEI Number
34-1843258

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SEC
NAME LEVINE, MARY BETH
STREET ADDRESS 3201 ENTERPRISE PKWY #220
CITY-ST-ZIP BEACHWOOD, OH 44122 ☒ Delete

TITLE P
NAME MASCALI, MICHAEL
STREET ADDRESS 3201 ENTERPRISE PKWY #220
CITY-ST-ZIP BEACHWOOD, OH 44122 ☒ Delete

TITLE T
NAME GAJ, RANDALL V
STREET ADDRESS 3201 ENTERPRISE PKWY #220
CITY-ST-ZIP BEACHWOOD, OH 44122 ☒ Delete

TITLE D
NAME FRAESER, DAVID W JR
STREET ADDRESS 100 EAST RIVERCENTER BLVD
CITY-ST-ZIP COVINGTON, KY 41011 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President / Director
NAME Holmes, Denis R.
STREET ADDRESS 100 E. Rivercenter Blvd., Suite 1600
CITY-ST-ZIP Covington, Ky 41011 ☐ Change ☒ Addition

TITLE VP
NAME Cialdini, James
STREET ADDRESS 100 E. Rivercenter Blvd., Ste. 1600
CITY-ST-ZIP Covington, Ky 41011 ☐ Change ☒ Addition

TITLE Treasurer
NAME Abbott, Bradley S.
STREET ADDRESS 100 E. Rivercenter Blvd., Ste. 1600
CITY-ST-ZIP Covington, Ky 41011 ☐ Change ☒ Addition

TITLE Asst. Treasurer / Director
NAME Marsh, Thomas R.
STREET ADDRESS 100 E. Rivercenter Blvd., Ste. 1600
CITY-ST-ZIP Covington, Ky 41011 ☐ Change ☒ Addition

TITLE Secretary / Director
NAME Robbins, Regis T.
STREET ADDRESS 100 E. Rivercenter Blvd., Ste. 1600
CITY-ST-ZIP Covington, Ky 41011 ☐ Change ☒ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bradley S. Abbott SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2004 Date

859-392-3347 Daytime Phone #