2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000005299

1. Entity Name
NCS HEALTHCARE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
100 E. RIVERCENTER BLVD SUITE 1600 COVINGTON, KY 41011	100 E. RIVERCENTER BLVD SUITE 1600 COVINGTON, KY 41011

04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLMES, DENISE R
STREET ADDRESS	100 RIVERCENTER BLVD., SUITE 1600
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	VP
NAME	CIALDINI, JAMES
STREET ADDRESS	100 E. RIVERCENTER BLVD., STE 1600
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	T
NAME	ABBOTT, BRADLEY S
STREET ADDRESS	100 E. RIVERCENTER BLVD., STE 1600
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	ATD
NAME	MARSH, THOMAS R
STREET ADDRESS	100 E. RIVERCENTER BLVD., STE. 1600
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	SD
NAME	ROBBINS, REGIS T
STREET ADDRESS	100 E. RIVERCENTER BLVD, STE. 1600
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/06-80121-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas R. Marsh 04/26/2006 (859) 392-3463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #