

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000005299**

1. Entity Name  
NCS HEALTHCARE OF FLORIDA, INC.



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

Mailing Address  
100 E. RIVERCENTER BLVD  
SUITE 1600  
COVINGTON, KY 41011



04232007 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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 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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IN THIS SPACE**

U00000732286  
05/09/07-80039-024 150.00

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*

Thomas R. Marsh

04/23/2007

(859) 392-7358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #