

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90026 029 \*\*\*550.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # F97000005993**

1. Corporation Name

**COMPSCRIPT-MOBILE, INC.**

Principal Place of Business

1225 BROKEN SOUND PKWY NW, SUITE A  
BOCA RATON FL 33487

Mailing Address

1225 BROKEN SOUND PKWY NW, SUITE A  
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1997

4. FEI Number

59-3248505

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

8. This corporation owes the current year  
Intangible Personal Property.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 c/o Omnicare, Inc., 1717 Dixie Hwy.

22 City & State

27 Suite 800

23 Zip

Country

28 Ft. Wright, KY

City & State

Zip

Country

24

25

29 41011

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPLAIN, GARY  
6160 VIA TIERRA  
BOCA RATON FL 33433-2301

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCEO ☒ DELETE

NAME KAHAN, BRIAN A  
STREET ADDRESS 1225 BROKEN SOUND PKWY NW, SUITE A  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE VD ☒ DELETE

NAME GARDNER, ROB  
STREET ADDRESS 1225 BROKEN SOUND PKWY NW, SUITE A  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☒ DELETE

NAME LEONARD, MALCOLM  
STREET ADDRESS 3810 HOLLYWOOD BLVD  
CITY-ST-ZIP HOLLYWOOD FL 33021-6730

TITLE D ☒ DELETE

NAME HEIMBERG, PAUL  
STREET ADDRESS 7015 BERACASA WAY  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ST ☐ DELETE

NAME SPLAIN, GARY  
STREET ADDRESS 1225 BROKEN SOUND PKWY NW, SUITE A  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P

Robert J. Gardner

910 McCleary St.

Del Ray Beach, FL 33483

V

Brian A. Kahan

20975 Pinter Trail

Boca Raton, FL 33433

D

Bradley S. Abbott

635 Meadow Wood Dr.

Crescent Springs, KY 41017

D

Tracy Finn

1000 Htutch

Cincinnati, OH 45202

T

Gary Splain

6160 Via Tierra

Boca Raton, FL 33433

D

Catherine I. Greany

3203 Golden Ave., Apt. 504

Cincinnati, OH 45226

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

**SIGNATURE REQUIRED** Bradley S. Abbott

07/08/99

(606) 426-3069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)