

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005993

1. Entity Name

COMPScript-MOBILE, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90028 028 ***150.00

Principal Place of Business

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

Mailing Address

C/O OMNICARE, INC
1717 DIXIE HWY. STE 800
FT WRIGHT KY 41011-2784
US

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

59-3248505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

00011011



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

CT Corporation System

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

1200 South Pine Island Rd

City

Plantation

FL

Zip Code

33324

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GARDNER, ROBERT J	
STREET ADDRESS	910 MCCLEARY ST	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	V	<input type="checkbox"/> Delete
NAME	KAHAN, BRIAN A	
STREET ADDRESS	20975 PINTAR TRAIL	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABBOTT, BRADLEY S	
STREET ADDRESS	635 MEADOWWOOD DR	
CITY-ST-ZIP	CRESENT SPRINGS KY 41017	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINN, TRACY	
STREET ADDRESS	1000 HATCH	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SPLAIN, GARY	
STREET ADDRESS	6160 VIA TIERRA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREANY, CATHERINE I	
STREET ADDRESS	3203 GOLDEN AVE, APT 504	
CITY-ST-ZIP	CINCINNATI OH 45226	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY S. ABBOTT	
STREET ADDRESS	635 MEADOW WOODS DR	
CITY-ST-ZIP	CRESCENT SPRINGS, KY 41017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

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

Date

Daytime Phone #

4/26/00 (859) 426-3069

CR2E034 (9/99)