2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 02, 2005 8:00 am Secretary of State DOCUMENT # L01000021520 05-02-2005 90128 013 ****50.00 COMPSCRIPT-BOCA LLC Principal Place of Business Mailing Address 100 E. RIVER CENTER BLVD., #1600 100 E. RÍVER CENTER BLVD., #1600 COVINGTON, KY 41011 COVINGTON, KY 41011 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 65-0286244 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required . -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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 Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TIT) F TITLE Change ☐ Addition □ Defete WEST, DAVID NAME NAME STREET ADDRESS 100 E. RIVERCENTER BLVD., SUITE 1600 STREET ADDRESS COVINGTON, KY 41011 CITY-ST-ZIP CITY-ST-ZIP Treasurer/Director TITLE ☐ Defete TITLE Addition Bradley S. Abbott 100 E. Rivercenter Blvd., Ste 1606 Covington, Ky 4104 ABBOTT, BRADLEY S NAME NAME STREET ADDRESS 100 E. RIVERCENTER BLVD., SUITE 1600 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP COVINGTON, KY 41011 Change TITLE ☐ Delete TITLE ☐ Addition MARSH, THOMAS R NAME NAME STREET ADDRESS 100 E. RIVERCENTER BLVD., STE. 1600 STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP COVINGTON, KY 41011 TITLE ☐ Delete ጠኒዩ Addition ROBBINS, REGIS T NAME NAME STREET ADDRESS 100 E. RIVERCENTER BLVD., SUITE 1600 STREET ADDRESS CITY-ST-ZIP COVINGTON, KY 41011 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME FINN, TRACY NAME STREET ADDRESS 100 E. RIVERCENTER BLVD., SUITE 11600 STREET ADDRESS CITY-ST-ZIP COVINGTON, KY 41011 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-S)-7/P

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

04/12/2005

859·392·3347 Daytime Phone 4

JRE: STUDIE & COULT BY ALLEY S. Abbott
BOOKATISTE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED