

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # L01000021520

1. Entity Name
COMPSCRIPT-BOCA LLC



Principal Place of Business
**100 E. RIVER CENTER BLVD., #1600
COVINGTON, KY 41011**

Mailing Address
**100 E. RIVER CENTER BLVD., #1600
COVINGTON, KY 41011**



04232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0286244

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** 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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	WEST, DAVID
STREET ADDRESS	100 E. RIVERCENTER BLVD., SUITE 1600
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	DT
NAME	ABBOTT, BRADLEY S
STREET ADDRESS	100 E. RIVERCENTER BLVD., SUITE 1600
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	AT
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., SUITE 1600
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	D
NAME	FINN, TRACY
STREET ADDRESS	100 E. RIVERCENTER BLVD., SUITE 11600
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000734401
05/09/07-80124-018 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Thomas R. Marsh

04/23/2007 (859) 392-7358

Date

Daytime Phone #