FILED
May 30, 2007 8:00 am
Secretary of State
04-26-2007 90028 001 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000100371

1. Entity Name
COMPSCRIPT, LLC

30009123

04232007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
1600 RIVERCENTER BLVD. COVINGTON, KY 41011	C/O OMNICARE, INC. 1600 RIVERCENTER BLVD. COVINGTON, KY 41011

	2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Street	100 E. Rivercenter Blvd.	100 E. Rivercenter Blvd.
Suite, Apt. #, etc.	Suite 1600	Suite 1600
City & State	Covington Ky	Covington, Ky
Zip / Country	41011 / U.S.A.	41011 / U.S.A.

4. FEI Number: 65-0506539 ☐ 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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NEIGHBORCARE, INC. 1600 RIVERCENTER BLVD. COVINGTON, KY 41011	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NeighborCare Pharmacy Services, Inc. 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] Thomas R. Marsh 04/23/2007 (859) 392-3358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #