

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048261

1. Entity Name

COMPSCRIPT, INC.

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

05-05-2000 90027 005 ***150.00

Principal Place of Business

Mailing Address

1225 N.W. BROKEN SOUND PKWY.
 SUITE A
 BOCA RATON FL 33487

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0506539

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPLAIN, GARY C
 1225 N.W. BROKEN SOUND PKWY.
 SUITE A
 BOCA RATON FL 33487

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 V ☐ Delete
 NAME KAHAN, BRIAN A
 STREET ADDRESS 20975 PINAR TRL
 CITY-ST-ZIP BOCA RATON FL 35433

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ST ☒ Delete
 NAME SPLAIN, GARY C
 STREET ADDRESS 6160 VIA TIERRA
 CITY-ST-ZIP BOCA RATON FL 33433

TITLE TREASURER ☒ Change ☐ Addition
 NAME BRADLEY S. ABBOTT
 STREET ADDRESS 635 MEADOW WOODS DR.
 CITY-ST-ZIP CRESCENT SPRINGS, KY 4017

TITLE D ☐ Delete
 NAME ABBOTT, BRADLEY S
 STREET ADDRESS 635 MEADOW WOOD DR
 CITY-ST-ZIP CRESCENT SPRINGS KY 41017

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME GREANY, CATHERINE I
 STREET ADDRESS 3203 GOLDEN AVE, APT #504
 CITY-ST-ZIP CINCINNATI OH 45226

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P ☐ Delete
 NAME GARDNER, ROBERT J
 STREET ADDRESS 910 MCCLEARY STREET
 CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME FINN, TRACEY L
 STREET ADDRESS 1000 HATCH STREET
 CITY-ST-ZIP CINCINNATI OH 45202

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 (859) 426-3069
 Date Daytime Phone #

CR2E034 (9/99)