

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90030 028 ***150.00

060428

DOCUMENT # P94000048261

1. Entity Name
COMPScript, INC.

Principal Place of Business
**1225 N.W. BROKEN SOUND PKWY.
SUITE A
BOCA RATON FL 33487**

Mailing Address
**C/O OMNICARE, INC.
1717 DIXIE HWY. STE #800
FT WRIGH KY 41011**

000160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0506539		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 ROAD			
				City PLANTATION FL 33324			
				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 *Bradley S. Abbott* DATE 4/5/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	V KAHAN, BRIAN A 20975 PINAR TRL BOCA RATON FL 35433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BRADLEY S. ABBOTT 635 MEADOW WOODS DR. CRESCENT SPRINGS, KY 41017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SPLAIN, GARY C 6160 VIA TIERRA BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, BRADLEY S 635 MEADOW WOOD DR CRESCENT SPRINGS KY 41017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREANY, CATHERINE I 3203 GOLDEN AVE, APT #504 CINCINNATI OH 45226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARDNER, ROBERT J 910 MCCLEARY STREET DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINN, TRACEY L 1000 HATCH STREET CINCINNATI OH 45202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **Bradley S. Abbott, Treasurer** 4/5/2001 859-426-3069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment Doc. #P44000048261

CompScript, Inc.

List of Officers

538723

Robert J. Gardener, President
910 McCleary Street
Del Ray Beach, Florida 33483
562-17-5955

Brian A. Kahan, Vice President
20975 Pintar Trail
Boca Raton, Florida 33433
048-36-8145

Bradley S. Abbott, Treasurer
635 Meadow Wood Drive
Crescent Springs, Kentucky 41017
405-11-3933

Thomas R. Marsh, Assistant Treasurer
3068 Balsam Court
Edgewood, Kentucky 41017
404-62-5131

Catherine I. Greany, Secretary
3203 Golden Avenue, Apt. 504
Cincinnati, Ohio 45226
199-48-7953

List of Directors

Tracy Finn
1000 Hatch
Cincinnati, Ohio 45202
336-42-3235

Bradley S. Abbott
635 Meadow Wood Drive
Crescent Springs, Kentucky 41017
405-11-3933

Catherine I. Greany
3203 Golden Avenue, Apt. 504
Cincinnati, Ohio 45226
199-48-7953