

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90116 040 ***150.00

DOCUMENT # S84661

1. Corporation Name

COMPSRIPT-BOCA, INC.

Principal Place of Business

**1225 BROKEN SOUND PARKWAY NW. SUITE A
BOCA RATON FL 33487**

Mailing Address

**1225 BROKEN SOUND PARKWAY NW. SUITE A
BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1991

4. FEI Number

65-0286244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 *% Omnicare, Inc. 1717 Dixie Hwy*
Suite, Apt. #, etc.

22 City & State

27 Suite 800
City & State

23 Zip

Country

28 *Ft. Wright, KY*
Zip

Country

24

25

29 *41011*

30

U.S.

9. Name and Address of Current Registered Agent

**SPLAIN, GARY C
1225 BROKEN SOUND PARKWAY NW
STE. 1
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DCEO** ☐ DELETE
NAME **KAHAN, BRIAN A.**
STREET ADDRESS **20975 PINAR TRAIL**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **DT** ☐ DELETE
NAME **SPLAIN, GARY C.**
STREET ADDRESS **6160 VIA TIERRA**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☒ DELETE
NAME **ERWIN, GARY W**
STREET ADDRESS **36 CEDAR BROOK RD.**
CITY-ST-ZIP **ARDMORE PA**

TITLE **D** ☒ DELETE
NAME **LEONARD, MALCOLM**
STREET ADDRESS **3810 HOLLYWOOD BLVD.**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☒ DELETE
NAME **EDELHEIT, ROBERT**
STREET ADDRESS **5887 N.W. 24TH AVE., #1202**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **D** ☒ DELETE
NAME **HEIMBERG, PAUL**
STREET ADDRESS **20982 PINAR TRAIL**
CITY-ST-ZIP **BOCA RATON FL 33433**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Orion A. Kahan**
1.3 STREET ADDRESS **20975 Pinar Trail**
1.4 CITY-ST-ZIP **Boca Raton, FL 33433**

2.1 TITLE **TS** ☒ Change ☐ Addition
2.2 NAME **Gary C. Splain**
2.3 STREET ADDRESS **6160 Via Tierra**
2.4 CITY-ST-ZIP **Boca Raton, FL 33433**

3.1 TITLE **P** ☐ Change ☒ Addition
3.2 NAME **Robert J. Gardner**
3.3 STREET ADDRESS **910 McKeary Street**
3.4 CITY-ST-ZIP **Del Ray Beach, FL 33483**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **L. Tracy Finn**
4.3 STREET ADDRESS **1000 Hatch Street**
4.4 CITY-ST-ZIP **Cincinnati, OH 45202**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Catherine I. Greany**
5.3 STREET ADDRESS **3203 Golden Avenue, Apt 504**
5.4 CITY-ST-ZIP **Cincinnati, OH 45226**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Bradley S. Abbott**
6.3 STREET ADDRESS **635 Meadow Wood Drive**
6.4 CITY-ST-ZIP **Crescent Springs, KY 41017**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley S. Abbott

4/9/99

(606) 426-3007

Date

Daytime Phone #

CR2E034 (11/98)