

DOCUMENT # [REDACTED]

05-09-2000 90143 021 ***150.00

1. Entry Name
COMPSCRIPT, Boca, Inc. S84661

FILED

00 OCT 23 AM 11: 34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business: 1225 N.W. BROKEN SOUND PKWY. SUITE A BOCA RATON FL 33487
Mailing Address: C/O OMNICARE, INC. 1717 DUNE HWY. STE #800 FT WRIGHT KY 41011-2784

REINSTATEMENT

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 65-0286244
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPLAIN, GARY C
1225 N.W. BROKEN SOUND PKWY.
SUITE A
BOCA RATON FL 33487

7. Name and Address of New Registered Agent
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: *Susan J. Matze* **Susan J. Matze** Assistant Secretary DATE: **10-6-00**

9. This corporation is eligible to satisfy its intangible tax (filing requirement and elects to do so. (See criteria on back)
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS	
TITLE: V NAME: KAHAN, BRIAN A STREET ADDRESS: 20975 PINAR TRL CITY-ST-ZIP: BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE: ST NAME: SPLAIN, GARY C STREET ADDRESS: 8180 VIA TIERRA CITY-ST-ZIP: BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: ABBOTT, BRADLEY S STREET ADDRESS: 635 MEADOW WOOD DR CITY-ST-ZIP: CRESCENT SPRINGS KY 40117	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: GREANY, CATHERINE I STREET ADDRESS: 3203 GOLDEN AVE, APT #504 CITY-ST-ZIP: CINCINNATI OH 45226	<input type="checkbox"/> Delete
TITLE: P NAME: GARDNER, ROBERT J STREET ADDRESS: 910 MCCLEARY STREET CITY-ST-ZIP: DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
TITLE: D NAME: FINN, TRACEY L STREET ADDRESS: 1000 HATCH STREET CITY-ST-ZIP: CINCINNATI OH 45202	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: TREASURER NAME: BRADLEY S. ABBOTT STREET ADDRESS: 635 MEADOW WOODS DR. CITY-ST-ZIP: CRESCENT SPRINGS, KY 40117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: 800903455808 STREET ADDRESS: -11/07/00-01103-009 CITY-ST-ZIP: ***600.00	<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, changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: *[Signature]* DATE: **4/26/00 (859) 426-3069**

5/22