

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

DOCUMENT # V46518

1. Corporation Name

MEDICAL SERVICES CONSORTIUM, INC.

Principal Place of Business

1225 BROKEN SOUND PARKWAY, NW  
SUITE A  
BOCA RATON FL 33487  
US

Mailing Address

1225 BROKEN SOUND PARKWAY, NW  
SUITE A  
BOCA RATON FL 33487  
US

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

04-16-1999 90116 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1992

4. FEI Number

65-0357177

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 16 Omnicare, Inc. 1717 Dixie Hwy.

22 City & State

27 Suite 900

23 Zip

Country

28 Ft. Wright, KY

Zip

Country

24

25

29 41011

30

U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOUTH FLORIDA REGISTERED AGENTS  
200 EAST LAS OLAS BLVD.  
SUITE 1900  
FT. LAUDERDALE FL 33301

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 PC  
NAME KAHAN, BRIAN A.  
STREET ADDRESS 1225 BROKEN SOUND PARKWAY, SUITE A  
CITY-ST-ZIP BOCA RATON FL 33487

☐ DELETE

TITLE EVPS  
NAME GARDNER, ROBERT J  
STREET ADDRESS 1225 BROKEN SOUND PARKWAY, SUITE A  
CITY-ST-ZIP BOCA RATON FL 33487

☐ DELETE

TITLE CFOT  
NAME COCUIY, JUAN  
STREET ADDRESS 1225 BROKEN SOUND PARKWAY, SUITE A  
CITY-ST-ZIP BOCA RATON FL 33487

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V  
1.2 NAME Brian A. Kahan  
1.3 STREET ADDRESS 20975 Pinar Trail  
1.4 CITY-ST-ZIP Boca Raton, FL 33433

☒ Change

☐ Addition

2.1 TITLE P  
2.2 NAME Robert J. Gardner  
2.3 STREET ADDRESS 910 McCleary Street  
2.4 CITY-ST-ZIP Del Ray Beach, FL 33483

☒ Change

☐ Addition

3.1 TITLE D  
3.2 NAME L. Tracy Finn  
3.3 STREET ADDRESS 1000 Hatch St.  
3.4 CITY-ST-ZIP Cincinnati, OH 45202

☐ Change

☒ Addition

4.1 TITLE D  
4.2 NAME Catherine I. Greany  
4.3 STREET ADDRESS 3203 Golden Avenue, Apt 504  
4.4 CITY-ST-ZIP Cincinnati, OH 45226

☐ Change

☒ Addition

5.1 TITLE D  
5.2 NAME Bradley S. Abbott  
5.3 STREET ADDRESS 635 Meadow Wood Drive  
5.4 CITY-ST-ZIP Crescent Springs, KY 41017

☐ Change

☒ Addition

6.1 TITLE TS  
6.2 NAME Gary C. Splain  
6.3 STREET ADDRESS 6160 Via Tierra  
6.4 CITY-ST-ZIP Boca Raton, FL 33433

☐ Change

☒ Addition

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:

Bradley S. Abbott

4/9/99

(606) 426-3007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)