2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2019
Secretary of State
4545569741CC

DOCUMENT# L05000100371

Entity Name: COMPSCRIPT, LLC

Current Principal Place of Business:

900 OMNICARE CENTER
201 E. 4TH ST
CINCINNATI, OH 45202

Current Mailing Address:

ONE CVS DRIVE
LEGAL DEPARTMENT 1160
WOONSOCKET, RI 02895 US

FEI Number: 65-0506539

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MEMBER
Name	NEIGHBORCARE PHARMACY SERVICES, INC
Address	900 OMNICARE CENTER 201 EAST FOURTH STREET
City-State-Zip:	CINCINNATI, OH 45202

Title	VP, TREASURER
Name	DENALE, CAROL A
Address	ONE CVS DRIVE LEGAL DEPARTMENT 1160
City-State-Zip:	WOONSOCKET RI 02895

Title	ASST. SECRETARY
Name	LUKER, MELANIE K
Address	ONE CVS DRIVE LEGAL DEPARTMENT 1160
City-State-Zip:	WOONSOCKET RI 02895

Title	PRESIDENT
Name	MOFFATT, THOMAS S
Address	ONE CVS DRIVE LEGAL DEPARTMENT 1160
City-State-Zip:	WOONSOCKET RI 02895

Title	SECRETARY
Name	TEMPLE, CECILIA
Address	900 OMNICARE CENTER 201 E. 4TH ST
City-State-Zip:	CINCINNATI OH 45202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELANIE K LUKER ASSISTANT SECRETARY 04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date