

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100371

Entity Name: COMPSRIPT, LLC

Current Principal Place of Business:

900 OMNICARE CENTER
201 EAST FOURTH STREET
CINCINNATI,, OH 45202

Current Mailing Address:

900 OMNICARE CENTER
201 EAST FOURTH STREET
CINCINNATI,, OH 45202 US

FEI Number: 65-0506539

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

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: JONATHAN D KUKULSKI

AUTH PERSON

04/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date