

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100371

Entity Name: COMPSCRIPT, LLC**Current Principal Place of Business:**1 CVS DRIVE
WOONSOCKET, RI 02895**Current Mailing Address:**1 CVS DRIVE
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 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title SENIOR VP, TREASURER, DIRECTOR
Name DENALE, CAROL A
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title ASSISTANT SECRETARY
Name ST ANGELO, MELANIE K
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title PRESIDENT, DIRECTOR
Name MOFFATT, THOMAS S
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title SECRETARY
Name TEMPLE, CECILIA
Address 900 OMNICARE CENTER
201 EAST 4TH 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: MELANIE K ST ANGELO**ASSISTANT SECRETARY** 04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date