

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90019 032 \*\*\*550.00

**DOCUMENT # F03000003978**

1. Entity Name  
**APOTHECARY SOLUTIONS, INC.**



Principal Place of Business  
**9615 N. COLLEGE AVE.  
INDIANAPOLIS, IN 46280**

Mailing Address  
**9615 N. COLLEGE AVE.  
INDIANAPOLIS, IN 46280**

**54063869**



2. Principal Place of Business

**6210 Technology Center Drive**  
Suite, Apt. #, etc.

3. Mailing Address

**6210 Technology Center Drive**  
Suite, Apt. #, etc.

City & State

**Indianapolis, IN**

Zip  
**46278**

Country  
**USA**

City & State

**Indianapolis, IN**

Zip  
**46278**

Country  
**USA**

07012004

Chg-P

CR2E034 (10/03)

4. FEI Number

**35-2037775**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
ROBERTS, JANICE K  
9615 N. COLLEGE AVE.  
INDIANAPOLIS, IN 46280** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
BREMER, KIMBERLY  
9615 N. COLLEGE AVE.  
INDIANAPOLIS, IN 46280** ☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**"See Attached Sheet"  
For Additions**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

/SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Attachment*

*54063869*  
*# F03000003978*



19 July 2004

Florida Department of State  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

To Whom It May Concern:

With this communication is the Annual Report along with the appropriate fee for Apothecary Solutions, Inc. 6210 Technology Center Drive, Indianapolis, In 46278.

Should you have questions or comments please direct them to the following:

Linda J Young  
Compliance/QA Manager  
(317) 616-4521

Attachment

54063869  
#F0300003978

**Apothecary Solutions Corporation**

List of Officers

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<b>Name/Title</b>	<b>Address</b>	<b>Telephone</b>
Ronald D. Hunter Chairman & CEO	3571 Sedgemore Circle Carmel, IN 46032	317-873-0120
Martial R. Knieser, M.D. President	9654 Halsey Drive Indianapolis, In	317-842-4704
Paul B. (Pete) Pheffer Chief Financial Officer	464 Leeds Circle Carmel, IN 46032	317-573-9972
Stephen M. Coons General Counsel & Secretary	4661 Chatterton Circle Indianapolis, IN 46254	317-424-0018



## Division of Corporations

### 2004 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	F03000003978
Business Entity Name	APOTHECARY SOLUTIONS, INC.
Original File Date	08/11/2003

FEI Number 35-2037775

Principal Address 9615 N. COLLEGE AVE.  
INDIANAPOLIS, IN 46280

Mailing Address 9615 N. COLLEGE AVE.  
INDIANAPOLIS, IN 46280

Registered Agent CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

#### Officer/Director Name And Address

DP  
JANICE K ROBERTS  
9615 N. COLLEGE AVE.  
INDIANAPOLIS, IN 46280

DST  
KIMBERLY BREMER  
9615 N. COLLEGE AVE.  
INDIANAPOLIS, IN 46280

☐ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please select:

If you need to make changes to the above information, please select: