

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90067 039 ***150.00

| | | | |
|---|--|---|---|
| DOCUMENT # F04000002926 1. Entity Name KPS EAST, INC. <i>PharMerica East, Inc.</i> | | | |
| Principal Place of Business 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 | | Mailing Address 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 | |
| 2. Principal Place of Business - No P.O. Box # 1901 CAMPUS PLACE Suite, Apt. #, etc. | | 3. Mailing Address 1901 Campus Place Suite, Apt. #, etc. | |
| City & State LOUISVILLE Ky | | City & State Louisville, KY | |
| Zip 40299 | | Country USA | |
| 4. FEI Number 20-1048840 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CAIO CHAPMAN, RICHARD E 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President, DIRECTOR Gregory S. WEISHAR 1901 CAMPUS PLACE LOUISVILLE Ky 40299 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MCCULLOUGH, MARK A 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director, Treasurer Michael J. Culotta 1901 campus PLACE LOUISVILLE, Ky 40299 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LANDERWISH, JOSEPH L 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP - Secretary Anthony HERNANDEZ 1901 campus PLACE LOUISVILLE, Ky 40299 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVTT ROBINSON, HANK 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LECHLEITER, RICHARD A 680 SOUTH 4TH ST LOUISVILLE, KY 40202 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Michael J. Culotta 02-21-08 502-627-7000 <small>Date Daytime Phone #</small> | |

ATTACHMENT

40068936

F04000002926

KPS East, Inc.

DIRECTORS

Gregory S. Weishar

Primary

Address:

Director

1901 Campus Place

Louisville, KY 40299

Michael J. Culotta

Primary Address:

Director

1901 Campus Place

Louisville, KY 40299

OFFICERS

Gregory S. Weisher

President

Primary Address:

1901 Campus Place

Louisville, KY 40299

Anthony Hernandez

Primary Address:

Vice President and Secretary

1901 Campus Place

Louisville, KY 40299

Michael J. Culotta

Primary Address:

Treasurer

1901 Campus Place

Louisville, KY 40299