

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90219 019 \*\*\*150.00

**DOCUMENT # F04000003424**

1. Entity Name  
**KINDRED HOSPITAL PHARMACY SERVICES, INC.**



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

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**31-1537852**

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

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

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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete  
NAME **ALTMAN, WILLIAM M**  
STREET ADDRESS **680 SOUTH FOURTH STREET**  
CITY-ST-ZIP **LOUISVILLE, KY 40202**

TITLE **CAOD** ☐ Delete  
NAME **CHAPMAN, RICHARD E**  
STREET ADDRESS **680 SOUTH FOURTH STREET**  
CITY-ST-ZIP **LOUISVILLE, KY 40202**

TITLE **PCEO** ☐ Delete  
NAME **DIAZ, PAUL J**  
STREET ADDRESS **680 SOUTH FOURTH STREET**  
CITY-ST-ZIP **LOUISVILLE, KY 40202**

TITLE **V** ☐ Delete  
NAME **DOBLER, STEPHEN M**  
STREET ADDRESS **680 SOUTH FOURTH STREET**  
CITY-ST-ZIP **LOUISVILLE, KY 40202**

TITLE **V** ☒ Delete  
NAME **ECHARD, BRIAN D**  
STREET ADDRESS **680 SOUTH FOURTH STREET**  
CITY-ST-ZIP **LOUISVILLE, KY 40202**

TITLE **V** ☐ Delete  
NAME **ERTEL, DENNIS J**  
STREET ADDRESS **680 SOUTH FOURTH STREET**  
CITY-ST-ZIP **LOUISVILLE, KY 40202**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **Sr. VP-Tax; Treasurer**  
STREET ADDRESS **Hank Robinson**  
CITY-ST-ZIP **680 SOUTH FOURTH ST. Louisville, Ky 40202**

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

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:

*Hank Robinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Hank Robinson*

*4/21/05 (502) 596-7300*

Date

Daytime Phone #