

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90448 007 \*\*\*150.00

<b>DOCUMENT # F04000003424</b>					
<b>1. Entity Name</b> KINDRED HOSPITAL PHARMACY SERVICES, INC.					
<b>Principal Place of Business</b> 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202			<b>Mailing Address</b> 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 31-1537852	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> ALTMAN, WILLIAM M 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CAOD</b> CHAPMAN, RICHARD E 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PCEO</b> DIAZ, PAUL J 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P.</b> MARK A. McCullough <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> DOBLER, STEPHEN M 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SVT</b> ROBINSON, MARK 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>HANK ROBINSON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> ERTEL, DENNIS J 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Hank Robinson</i> <b>HANK ROBINSON</b>			<b>4/17/06</b> <b>502-596-7300</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

**50015070**



04132006 Chg-P CR2E034 (11/05)

ATTACHMENT

**Directors / Officers Report**

As of 3/24/2006

**Kindred Hospital Pharmacy Services, Inc.**

**Directors**

**Richard E. Chapman**

**Director**

Primary Address: 680 South Fourth Street  
Louisville, Kentucky 40202

**Richard A. Lechleiter**

**Director**

Primary Address: 680 South Fourth Street  
Louisville, Kentucky 40202

**Mark A. McCullough**

**Director**

Primary Address: 680 South Fourth Street  
Louisville, Kentucky 4002

**Officers**

**Janet M. Allen**

**Vice President, Clinical Services, Pharmacy Division**

Primary Address: 680 South Fourth Street  
Louisville, Kentucky 40202

**Michael J. Bean**

**Vice President, Tax**

Primary Address: 680 South Fourth Street  
Louisville, Kentucky 40202

**Richard E. Chapman**

**Executive Vice President and Chief Administrative  
and Information Officer**

Primary Address: 680 South Fourth Street  
Louisville, Kentucky 40202

**Douglas L. Curnutte**

**Vice President, Facilities and Real Estate**

Primary Address: 680 South Fourth Street  
Louisville, Kentucky 40202

**Charles M. Grannan**

**Vice President, Purchasing**

Primary Address: 680 South Fourth Street  
Louisville, Kentucky 40202

**William T. Lademann**

**Vice President of Hospital Pharmacy, Pharmacy  
Division**

Primary Address: 680 South Fourth Street  
Louisville, Kentucky 40202

**Joseph L. Landenwich**

**Senior Vice President, Corporate Legal Affairs and  
Corporate Secretary**

Primary Address: 680 South Fourth Street

# ATTACHMENT

## Directors / Officers Report

As of 3/24/2006

Kindred Hospital Pharmacy Services, Inc.  
Louisville, Kentucky 40202

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**Richard A. Lechleiter** Executive Vice President and Chief Financial Officer

Primary Address: 680 South Fourth Street  
Louisville, Kentucky 40202

**Mark A. McCullough** President, Pharmacy Division

Primary Address: 680 South Fourth Street  
Louisville, Kentucky 4002

**Gregory C. Miller** Senior Vice President, Development and Financial Planning

Primary Address: 680 South Fourth Street  
Louisville, Kentucky 40202

**M. Suzanne Riedman** Senior Vice President and General Counsel

Primary Address: 680 South Fourth Street  
Louisville, Kentucky 40202

**Donald H. Robinson** Senior Vice President, Tax and Treasurer

Primary Address: 680 South Fourth Street  
Louisville, Kentucky 40202

**Arthur L. Rothgerber** Senior Vice President, Reimbursement

Primary Address: 680 South Fourth Street  
Louisville, Kentucky 40202

**Berard E. Tomassetti** Vice President, Finance, Pharmacy Division

Primary Address: 680 South Fourth Street  
Louisville, Kentucky 40202

**Robert G. Weir** Vice President, Operations, Pharmacy Division

Primary Address: 680 South Fourth Street  
Louisville, Kentucky 40202