


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2008 90067 040 \*\*\*150.00

DOCUMENT # F04000003424					
1. Entity Name <b>KINDRED HOSPITAL PHARMACY SERVICES, INC.</b> <i>PharMerica</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 # <i>1901 CAMPUS PLACE</i>		3. Mailing Address <i>1901 Campus Place</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Louisville Ky</i>		City & State <i>Louisville, KY.</i>		4. FEI Number 31-1537852	
Zip <i>40299</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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="text-align: right;"><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	CAOD CHAPMAN, RICHARD E 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Gregory S. Weishar 1901 Campus Place Louisville, Ky 40299 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCULLOUGH, MARK A 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + SECRETARY Anthony HERNANDEZ 1901 Campus Place Louisville Ky 40299 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT ROBINSON, HANK 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Michael S. Culotta 1901 Campus Place Louisville, Ky 40299 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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>Michael J. Culotta</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Michael J. Culotta      02-21-08      502-627-7363 Date      Daytime Phone #		

# ATTACHMENT

40068935

#784000003424

## Kindred Hospital Pharmacy Services, Inc.

### DIRECTORS

**Gregory S. Weishar**

**Director**

Primary  
Address:

1901 Campus Place  
Louisville, KY 40299

**Michael J. Culotta**

**Director**

Primary Address:

1901 Campus Place  
Louisville, KY 40299

### OFFICERS

**Gregory S. Weisher**

**President**

Primary Address:

1901 Campus Place  
Louisville, KY 40299

**Anthony Hernandez**

**Vice President and Secretary**

Primary Address:

1901 Campus Place  
Louisville, KY 40299

**Michael J. Culotta**

**Treasurer**

Primary Address:

1901 Campus Place  
Louisville, KY 40299