



2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90448 031 ***150.00

DOCUMENT # F04000003645 1. Entity Name KINDRED INSTITUTIONAL 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		50015094 	
City & State		City & State		4. FEI Number 31-1537858	
Zip		Country		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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	V ALTMAN, WILLIAM M 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	CAOD CHAPMAN, RICHARD E 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <input 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	PCEO DIAZ, PAUL J 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARK A. McCullough <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOBLER, STEPHEN M 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	SVTT ROBINSON, HANK 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <input 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	V ERTEL, DENNIS J 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	
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>Hank Robinson</i> HANK ROBINSON			4/17/06 902-596-7300		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

Directors / Officers Report

ATTACHMENT 50015094
#FD400003645 As of 3/24/2006

Kindred Institutional 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

Directors / Officers Report

ATTACHMENT

52015094
#FD01000003645

As of 3/24/2006

Kindred Institutional Pharmacy Services, Inc.

Louisville, Kentucky 40202

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