

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90065 001 \*\*\*150.00

40062100



04102007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # F04000003645</b> 1. Entity Name <b>KINDRED INSTITUTIONAL 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 - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>31-1537858</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
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 Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CAOD CHAPMAN, RICHARD E 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202</b> <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	<b>P MCCULLOUGH, MARK A 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202</b> <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	<b>V DOBLER, STEPHEN M 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202</b> <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	<b>SVTT ROBINSON, HANK 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202</b> <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	<b>V ERTEL, DENNIS J 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202</b> <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					
<b>SIGNATURE:</b> <i>Hank Robinson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/12/07      302-596-7300 <small>Date      Daytime Phone #</small>		

**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**

**Steven M Ager**

**Vice President, Corporate Development**

Primary Address: 680 South Fourth Street  
Louisville, Kentucky 40202

**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

**Directors / Officers Report**

**ATTACHMENT** 40062100

As of 2/26/2007

# F04000003645

**Kindred Institutional Pharmacy Services, Inc.**

**Joseph L. Landenwich**

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

Primary Address: 680 South Fourth Street  
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