


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2008 90067 041 ***150.00

DOCUMENT # F04000003645 1. Entity Name KINDRED INSTITUTIONAL PHARMACY SERVICES, INC. <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 40299</i>	
Zip <i>40299</i>		Zip <i>40299</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 31-1537858		Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL 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) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	CAOD CHAPMAN, RICHARD E 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GREGORY S. WEISHAR 1901 CAMPUS PLACE LOUISVILLE, Ky 40299 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCULLOUGH, MARK A 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + SECRETARY Anthony HERNANDEZ 1901 CAMPUS PLACE LOUISVILLE, Ky 40299 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTT ROBINSON, HANK 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Michael J. Culotta 1901 CAMPUS PLACE LOUISVILLE, Ky 40299 <input type="checkbox"/> Change <input checked="" 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
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
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.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Michael J. Culotta 2-21-08 7000 Date Daytime Phone #	

502-627-

ATTACHMENT

Kindred Institutional 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

40068934
F04000003645