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COMMONWEALTH OF KENTUCKY  
TREY GRAYSON, SECRETARY OF STATE  
ANNUAL REPORT  
DUE JUNE 30, 2005



0012273

ORGANIZATION ID #  
0012273

STATE OR COUNTRY OF INCORPORATION

KY

ORGANIZATION DATE

12/22/1953

FILING FEE

\$15.00

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

CRESTWOOD PHARMACY, INC.  
P. O. BOX 39  
6541 WEST HIGHWAY 22  
CRESTWOOD, KY 40014

RECEIVED

APR 18 2005

SECRETARY OF STATE  
COMMONWEALTH OF KY

(3) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

625 INDIAN RIDGE ROAD  
LOUISVILLE KY 40207-1748

(2) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS

Changes made to the registered agent or registered office cannot be made on this form. Complete (4) to request a form to be mailed or download form from web site.

DENIS C. WIGGINS  
P. O. BOX 39, LAGRANGE RD.  
CRESTWOOD, KY 40014

(4) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO

[Empty box for mailing statement]

(5) PRINCIPAL OFFICERS If the corporation has previously filed an annual report, verify the names and titles of officers listed below. Please note any additions to or changes in the principal officers and give the business address for each person listed. If (5) is blank, type or print the names and business addresses of the current principal officers. If sole officer, please note. The annual report will be returned if business addresses are not listed.

Treasurer	Patsy R Wiggins	625 INDIAN RIDGE ROAD
Secretary	Patsy R Wiggins	LOUISVILLE KY
President	Denis C Wiggins	40207-1748

(6) DIRECTORS Type or print the names and business addresses of the corporation's directors. No listing of directors is verification that the corporation has dispensed with directors (KRS 271B.8-010(3)). Nonprofit corporations must list three (3) or more directors (KRS 273.211). The annual report will be returned if business addresses are not listed.

Name	Address
Name	Address
Name	Address
Name	Address

(7) Check here if you are a cooperative corporation

I VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.

*Trey Grayson*  
Signature of Officer or Chairman of the Board

TITLE *Pres*

DATED *4/15/2005*

ANNUAL REPORT AND FILING FEE

Submit for filing the completed annual report form and correct filing fee as indicated above. Make check payable to the "Kentucky State Treasurer". Please do not send cash.

MAILING ADDRESS  
Trey Grayson  
Secretary of State  
P O Box 1150  
Frankfort, KY 40602-1150

OFFICE LOCATIONS  
Secretary of State  
State Capitol, Room 154  
700 Capital Avenue  
Frankfort, KY 40601  
(502)-564-2848

Secretary of State  
363 Versailles Road  
Frankfort, KY 40601  
(502)-573-0265

NOTE: P O Box 1150 is for annual report filings only.