

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000000669

**Entity Name:** ACCREDO HEALTH GROUP, INC.

**Current Principal Place of Business:**

ONE EXPRESS WAY  
SAINT LOUIS, MO 63121

**Current Mailing Address:**

ONE EXPRESS WAY  
SAINT LOUIS, MO 63121 US

**FEI Number:** 11-3358535

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name DUNCAN, PRISCILLA  
Address ONE EXPRESS WAY  
City-State-Zip: ST. LOUIS MO 63121

Title TREASURER, VP  
Name LAMBERT, SCOTT  
Address ONE EXPRESS WAY  
City-State-Zip: SAINT LOUIS MO 63121

Title ASST. SECRETARY  
Name SCHMEHL, SANDRA  
Address ONE EXPRESS WAY  
City-State-Zip: SAINT LOUIS MO 63121

Title VP  
Name MIMLITZ, JOHN  
Address ONE EXPRESS WAY  
City-State-Zip: SAINT LOUIS MO 63121

Title ASST. SECRETARY  
Name PERINI, VICTOR  
Address ONE EXPRESS WAY  
City-State-Zip: SAINT LOUIS MO 63121

Title PRESIDENT, DIRECTOR  
Name PHILLIPS, BRADLEY  
Address ONE EXPRESS WAY  
City-State-Zip: SAINT LOUIS MO 63121

Title ASST. TREASURER  
Name FLEMING, MARK  
Address ONE EXPRESS WAY  
City-State-Zip: SAINT LOUIS MO 63121

Title ASST. TREASURER  
Name HART, JOANNE  
Address ONE EXPRESS WAY  
City-State-Zip: SAINT LOUIS MO 63121

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PRISCILLA DUNCAN

**SECRETARY**

**02/18/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name KRISHTUL, ANNA  
Address ONE EXPRESS WAY  
City-State-Zip: SAINT LOUIS MO 63121