## 2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F9700000669

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: NOT APPLICABLE

### Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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

### Officer/Director Detail :

Title		DIRECTOR	Title	SECRETARY
Nam	ne	PHILLIPS, BRADLEY	Name	BROWN, GENEVA
Addr	ress	ONE EXPRESS WAY	Address	ONE EXPRESS WAY
City-	-State-Zip:	SAINT LOUIS MO 63121	City-State-Zip:	SAINT LOUIS MO 63121
Title		ASSISTANT TREASURER	Title	ASSISTANT VICE PRESIDENT
Nam	ne	FLEMING, MARK	Name	HALEY, WILLIAM
Addr	ress	ONE EXPRESS WAY	Address	ONE EXPRESS WAY
City-	-State-Zip:	SAINT LOUIS MO 63121	City-State-Zip:	SAINT LOUIS MO 63121
Title		ASSISTANT TREASURER	Title	TREASURER
Title Nam		ASSISTANT TREASURER HART, JOANNE	Title Name	TREASURER LAMBERT, SCOTT
	ne			
Nam Addr	ne	HART, JOANNE	Name	LAMBERT, SCOTT ONE EXPRESS WAY
Nam Addr	ne ress -State-Zip:	HART, JOANNE ONE EXPRESS WAY	Name Address	LAMBERT, SCOTT ONE EXPRESS WAY
Nam Addr City-	ne ress -State-Zip:	HART, JOANNE ONE EXPRESS WAY SAINT LOUIS MO 63121	Name Address City-State-Zip:	LAMBERT, SCOTT ONE EXPRESS WAY SAINT LOUIS MO 63121
Nam Addr City- Title	ne ress -State-Zip: ne	HART, JOANNE ONE EXPRESS WAY SAINT LOUIS MO 63121 VICE PRESIDENT	Name Address City-State-Zip: Title	LAMBERT, SCOTT ONE EXPRESS WAY SAINT LOUIS MO 63121 ASSISTANT SECRETARY
Nam Addr City- Title Nam Addr	ne ress -State-Zip: ne	HART, JOANNE ONE EXPRESS WAY SAINT LOUIS MO 63121 VICE PRESIDENT MIMLITZ, JOHN ONE EXPRESS WAY	Name Address City-State-Zip: Title Name	LAMBERT, SCOTT ONE EXPRESS WAY SAINT LOUIS MO 63121 ASSISTANT SECRETARY PERINI, VICTOR

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: SCOTT LAMBERT

TREASURER

02/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Feb 27, 2023 Secretary of State 9662059583CC

Date