

2023 FOREIGN PROFIT CORPORATION AMENDED 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:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR, PRESIDENT
Name PHILLIPS, BRADLEY
Address ONE EXPRESS WAY
City-State-Zip: SAINT LOUIS MO 63121

Title SECRETARY
Name BROWN, GENEVA
Address ONE EXPRESS WAY
City-State-Zip: SAINT LOUIS MO 63121

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

Title ASSISTANT VICE PRESIDENT
Name HALEY, WILLIAM
Address ONE EXPRESS WAY
City-State-Zip: SAINT LOUIS MO 63121

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

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

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

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

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

04/10/2023

Electronic Signature of Signing Officer/Director Detail

Date