2024 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: 11-3358535

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, PRESIDENT	Title	ASSISTANT TREASURER
Name	PHILLIPS, BRADLEY	Name	FLEMING, MARK
Address	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, VP
Name	HART, JOANNE	Name	LAMBERT, SCOTT
Address	ONE EXPRESS WAY	Address	ONE EXPRESS WAY
City-State-Zip:	SAINT LOUIS MO 63121	City-State-Zip:	SAINT LOUIS MO 63121
Title	VICE PRESIDENT	Title	ASSISTANT SECRETARY
Title Name	VICE PRESIDENT MIMLITZ, JOHN	Title Name	ASSISTANT SECRETARY PERINI, VICTOR
Name	MIMLITZ, JOHN ONE EXPRESS WAY	Name	PERINI, VICTOR ONE EXPRESS WAY
Name Address City-State-Zip:	MIMLITZ, JOHN ONE EXPRESS WAY SAINT LOUIS MO 63121	Name Address	PERINI, VICTOR ONE EXPRESS WAY
Name Address City-State-Zip: Title	MIMLITZ, JOHN ONE EXPRESS WAY SAINT LOUIS MO 63121 PRESIDENT	Name Address City-State-Zip:	PERINI, VICTOR ONE EXPRESS WAY SAINT LOUIS MO 63121
Name Address City-State-Zip: Title Name	MIMLITZ, JOHN ONE EXPRESS WAY SAINT LOUIS MO 63121 PRESIDENT PHILLIPS, BRADLEY	Name Address City-State-Zip: Title	PERINI, VICTOR ONE EXPRESS WAY SAINT LOUIS MO 63121 SECRETARY
Name Address City-State-Zip: Title	MIMLITZ, JOHN ONE EXPRESS WAY SAINT LOUIS MO 63121 PRESIDENT PHILLIPS, BRADLEY ONE EXPRESS WAY	Name Address City-State-Zip: Title Name	PERINI, VICTOR ONE EXPRESS WAY SAINT LOUIS MO 63121 SECRETARY MORROW, ALICIA ONE EXPRESS WAY

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: ALICIA MORROW

SECRETARY

04/27/2024

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 27, 2024 Secretary of State 2700333332CC

Date