

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P0100000223

**Entity Name:** LYNNFIELD COMPOUNDING CENTER, 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**

**Certificate of Status Desired: No**

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

C T 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           VP, TREASURER  
Name           LAMBERT, SCOTT  
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. 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

Title           ASST. SECRETARY  
Name           PERINI, VICTOR  
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 VICE PRESIDENT  
Name           OWENS, THOMAS  
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: ALICIA MORROW**

**SECRETARY**

**04/29/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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