


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90342 039 \*\*\*150.00

**DOCUMENT # P01000000227**

1. Entity Name  
**LYNNFIELD DRUG, INC.**



Principal Place of Business  
**250 TECHNOLOGY PARK  
 LAKE MARY, FL 32746**

Mailing Address  
**250 TECHNOLOGY PARK  
 LAKE MARY, FL 32746**

2. Principal Place of Business  
**13900 Riverport Drive**

3. Mailing Address  
**13900 Riverport Drive**


Suite, Apt. #, etc.

City & State  
**Maryland Heights, MO**

Country  
**USA**

Zip  
**63043**

**00000100**



01122006 Chg-P CR2E034 (11/05)

4. FEI Number  
**04-3546044**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RONDEAU, KIM K</b> <b>250 TECHNOLOGY PARK</b> <b>LAKE MARY, FL 32746</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD</b> <b>COSLER, STEVEN D</b> <b>250 TECHNOLOGY PARK</b> <b>LAKE MARY, FL 32746</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NOLAN, TRACY</b> <b>250 TECHNOLOGY PARK</b> <b>LAKE MARY, FL 32746</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPS</b> <b>SHANAHAN, REBECCA M</b> <b>250 TECHNOLOGY PARK</b> <b>LAKE MARY, FL 32746</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPT</b> <b>SAFT, STEPHEN M</b> <b>250 TECHNOLOGY PARK</b> <b>LAKE MARY, FL 32746</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Domenic Melfe</b> <b>13900 Riverport Drive</b> <b>Maryland Heights, MO 63043</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Donald Howard</b> <b>13900 Riverport Drive</b> <b>Maryland Heights, MO 63043</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Keith Ebling</b> <b>13900 Riverport Drive</b> <b>Maryland Heights, MO 63043</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Ed Stiften</b> <b>13900 Riverport Drive</b> <b>Maryland Heights, MO 63043</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <b>R. Anthony Dileo</b> <b>13900 Riverport Drive</b> <b>Maryland Heights, MO 63043</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** R. Anthony Dileo **R. Anthony Dileo** **4/17/06** **314-770-1666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT**

~~#P010000000227~~ <sup>60028762</sup>

**Lynnfield Drug, Inc.  
13900 Riverport Drive  
Maryland Heights, Missouri 63043  
Date of Incorporation: 12/29/2000  
State of Incorporation: Florida  
FEIN: 04-3546044**

**List of Directors and Officers**

President and Chief Executive Officer	Domenic Meffe 199-60-6916 13900 Riverport Drive Maryland Hgts., MO 63043
Vice President and COO	Donald Howard 170-48-8625 13900 Riverport Drive Maryland Hgts., MO 63043
Vice President and Director	George Paz 486-66-0165 8016 Gannon Ave. St. Louis, MO 63130
Vice President and Treasurer	Ed Stiften 496-62-5403 2223 Oberhelman Rd. Foristell, MO 63348
Vice President and Secretary	Keith Ebling 497-78-4885 13900 Riverport Drive Maryland Hgts., MO 63043
Assistant Secretary	Thomas M. Boudreau 491-56-6297 13333 Kings Glen Drive St. Louis, MO 63131
Assistant Secretary	R. Anthony DiLeo 500-50-0644 733 Rolfe Drive St. Louis, MO 63122