

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000227

Entity Name: LYNNFIELD DRUG, INC.

FILED  
Apr 23, 2012  
Secretary of State

**Current Principal Place of Business:**

12 KENT WAY  
SUITE 120  
BYFIELD, MA 01922

**New Principal Place of Business:**

**Current Mailing Address:**

12 KENT WAY  
SUITE 120  
BYFIELD, MA 01922

**New Mailing Address:**

FEI Number: 04-3546044      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: HALL, JEFFREY  
Address: ONE EXPRESS WAY  
City-St-Zip: ST. LOUIS, MO 63121

Title: VPAS  
Name: HOUSTON, CHRIS  
Address: ONE EXPRESS WAY  
City-St-Zip: ST. LOUIS, MO 63121

Title: AS  
Name: ELLIOTT, KELLEY  
Address: ONE EXPRESS WAY  
City-St-Zip: ST. LOUIS, MO 63121

Title: VPAS  
Name: RONDEAU, KIM  
Address: 12 KENT WAY, SUITE 120 A-B  
City-St-Zip: BYFIELD, MA 01922

Title: S  
Name: AKINS, MARTIN P  
Address: ONE EXPRESS WAY  
City-St-Zip: ST. LOUIS, MO 63121

Title: AS  
Name: MCGINNIS, CHRIS  
Address: ONE EXPRESS WAY  
City-St-Zip: ST. 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: KELLEY ELLIOTT

AS

04/23/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date