

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P0100000227

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

**Current Principal Place of Business:**

12 KENT WAY  
SUITE 120  
BYFIELD, MA 01922

**Current Mailing Address:**

ONE EXPRESS WAY  
HQ2E04  
ST. LOUIS, MO 63121 US

**FEI Number: 04-3546044**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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, SECRETARY  
Name AKINS, MARTIN P.  
Address ONE EXPRESS WAY  
City-State-Zip: ST. LOUIS MO 63121

Title TREASURER, VP  
Name SMITH, TIMOTHY  
Address 12 KENT WAY  
SUITE 120  
City-State-Zip: BYFIELD MA 01922

Title ASST. SECRETARY  
Name FAHS, ROD  
Address 12 KENT WAY  
SUITE 120  
City-State-Zip: BYFIELD MA 01922

Title VP  
Name MCGINNIS, CHRISTOPHER A  
Address 12 KENT WAY  
SUITE 120  
City-State-Zip: BYFIELD MA 01922

Title VP  
Name MIMLITZ, JOHN  
Address 12 KENT WAY  
SUITE 120  
City-State-Zip: BYFIELD MA 01922

Title ASST. SECRETARY  
Name PERINI, VICTOR  
Address 12 KENT WAY  
SUITE 120  
City-State-Zip: BYFIELD MA 01922

*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: MARTIN P. AKINS**

**SECRETARY**

**04/25/2017**

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

\_\_\_\_\_  
Date