

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0100000227

Entity Name: LYNNFIELD DRUG, 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: 04-3546044

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

04/23/2024

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