

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000223

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
Name PHILLIPS, BRADLEY
Address ONE EXPRESS WAY
City-State-Zip: SAINT LOUIS MO 63121

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

Title ASSISTANT TREASURER
Name FLEMING, MARK
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 TREASURER
Name HART, JOANNE
Address ONE EXPRESS WAY
City-State-Zip: SAINT LOUIS MO 63121

Title TREASURER
Name LAMBERT, SCOTT
Address ONE EXPRESS WAY
City-State-Zip: SAINT LOUIS MO 63121

Title VICE PRESIDENT
Name MIMLITZ, JOHN
Address ONE EXPRESS WAY
City-State-Zip: SAINT LOUIS MO 63121

Title ASSISTANT SECRETARY
Name PERINI, VICTOR
Address ONE EXPRESS WAY
City-State-Zip: SAINT 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: SCOTT LAMBERT**TREASURER****02/21/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date