## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000110735

Entity Name: SINUSPHARMACY, INC.

**Current Principal Place of Business:** 

ONE EXPRESS WAY HQ2N03

ST. LOUIS, MO 63121

## **Current Mailing Address:**

ONE EXPRESS WAY HQ2N03

ST. LOUIS, MO 63121 US

FEI Number: 56-2394216 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

FILED Apr 19, 2015

**Secretary of State** 

CC8758243041

## Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VP

NameEBLING, KEITH JNameKNIBB, CHRISTOPHERAddressONE EXPRESS WAYAddressONE EXPRESS WAYCity-State-Zip:ST. LOUIS MO 63121City-State-Zip:ST. LOUIS MO 63121

Title ASST. SECRETARY Title **SECRETARY** AKINS, MARTIN P Name SATORIUS, JOSEPH Name Address ONE EXPRESS WAY Address ONE EXPRESS WAY City-State-Zip: ST. LOUIS MO 63121 City-State-Zip: ST. LOUIS MO 63121

Title VP, TREASURER
Name SMITH, TIMOTHY
Address ONE EXPRESS WAY
City-State-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: MARTIN P. AKINS SECRETARY

Electronic Signature of Signing Officer/Director Detail

04/19/2015 Date