

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002106

Entity Name: ESI MAIL PHARMACY SERVICE, 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:** 43-1867735**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	HART, JOANNE
Address	ONE EXPRESS WAY
City-State-Zip:	SAINT LOUIS MO 63121

Title	ASST. TREASURER
Name	WARFORD, ELIZABETH
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	SECRETARY
Name	MORROW, ALICIA
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: ALICIA MORROW**SECRETARY****04/09/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date