

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000000187

**Entity Name:** ACARIAHEALTH PHARMACY #12,INC.**Current Principal Place of Business:**5 SKYLINE DRIVE  
HAWTHORNE, NY 10532**Current Mailing Address:**7700 FORSYTH BLVD  
ST. LOUIS , MO 63105 US**FEI Number:** 27-2765424**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           | PRESIDENT, DIRECTOR   |
| Name            | JENSEN, STEPHEN       |
| Address         | 8517 SOUTHPARK CIRCLE |
| City-State-Zip: | ORLANDO FL 32819      |

|                 |                    |
|-----------------|--------------------|
| Title           | VP, TAX            |
| Name            | DINKELMAN, TRICIA  |
| Address         | 7700 FORSYTH BLVD  |
| City-State-Zip: | ST. LOUIS MO 63105 |

|                 |                     |
|-----------------|---------------------|
| Title           | SECRETARY, DIRECTOR |
| Name            | STUBSTAD, JUSTIN    |
| Address         | 7700 FORSYTH BLVD   |
| City-State-Zip: | ST. LOUIS MO 63105  |

*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:** TRICIA DINKELMAN

VICE PRESIDENT, TAX

04/27/2023

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