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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

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TALLAHASSEE FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
HEALTHBRIDGE REIMBURSEMENT AND PRODUCT SUPPORT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$720.00

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MRS 4/22

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Healthbridge Reimbursement and Product Support, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Massachusetts 3. 04-2992335
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/26/1988 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 10/1/2009
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One Express Way, St. Louis, MO 63121
(Principal office address)

One Express Way, St. Louis, MO 63121
(Current mailing address)

8. Pharmacy benefit management services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: [Signature]
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Keith J. Ebling

Address: One Express Way, St. Louis, MO 63121

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jeffrey Hall

Address: One Express Way, St. Louis, MO 63121

Vice President: Keith J. Ebling

Address: One Express Way, St. Louis, MO 63121

One Express Way, St. Louis, MO 63121


Secretary: Martin P. Akins

Address: One Express Way, St. Louis, MO 63121

Treasurer: Jeffrey Hall

Address: One Express Way, St. Louis, MO 63121

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Martin P. Akins, Secretary

(Typed or printed name and capacity of person signing application)

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Additional Officers of Healthbridge Reimbursement and Product Support, Inc.

Jeffrey Naeger, Assistant Secretary

One Express Way
St. Louis, MO 53121

Kelley Elliott, Assistant Secretary

One Express Way
St. Louis, MO 53121



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

June 16, 2010

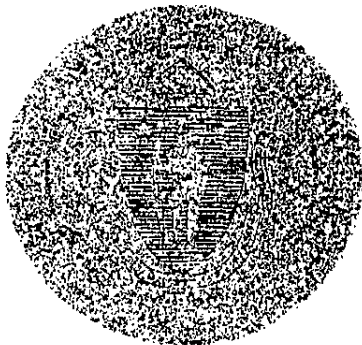
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

HEALTHBRIDGE REIMBURSEMENT AND PRODUCT SUPPORT, INC.

is a domestic corporation organized on **January 26, 1988**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

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