

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002814

FILED
Feb 18, 2020
Secretary of State
5644511435CC

Entity Name: HEALTHBRIDGE REIMBURSEMENT AND PRODUCT SUPPORT, INC.

Current Principal Place of Business:

ONE EXPRESS WAY
SAINT LOUIS, MO 63121

Current Mailing Address:

ONE EXPRESS WAY
HQ2E04
ST. LOUIS, MO 63121 US

FEI Number: 04-2992335

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

Officer/Director Detail :

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

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

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

Title VP
Name MIMLITZ, JOHN
Address ONE EXPRESS WAY
HQ2E04
City-State-Zip: ST. LOUIS MO 63121

Title ASSISTANT SECRETARY
Name SCHMEHL, SANDRA
Address ONE EXPRESS WAY
City-State-Zip: SAINT LOUIS MO 63121

Title ASST. TREASURER
Name FLEMING, MARK
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. SECRETARY
Name KRISHTUL, ANNA
Address ONE EXPRESS WAY
City-State-Zip: SAINT LOUIS MO 63121

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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: PRISCILLA DUNCAN

SECRETARY

02/18/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name PEREZ, LYNN
Address ONE EXPRESS WAY
City-State-Zip: SAINT LOUIS MO 63121

Title ASST. TREASURER
Name REYNOLDS, DREW
Address ONE EXPRESS WAY
City-State-Zip: SAINT LOUIS MO 63121