

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002814

**FILED**  
**Apr 05, 2022**  
**Secretary of State**  
**6903011040CC**

**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:**

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            SECRETARY  
Name            STADELMAN, JILL  
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

*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: SCOTT LAMBERT**

**TREASURER, VP**

**04/05/2022**

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

\_\_\_\_\_ Date