

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002814

FILED
Feb 21, 2023
Secretary of State
7055782038CC

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
SAINT LOUIS, MO 63121 US

FEI Number: NOT APPLICABLE

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

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

Title ASSISTANT TREASURER
Name FLEMING, MARK
Address ONE EXPRESS WAY
City-State-Zip: SAINT LOUIS MO 63121

Title ASSISTANT TREASURER
Name HART, JOANNE
Address ONE EXPRESS WAY
City-State-Zip: SAINT LOUIS MO 63121

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

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

Title VICE PRESIDENT
Name MIMLITZ, JOHN
Address ONE EXPRESS WAY
City-State-Zip: SAINT LOUIS MO 63121

Title ASSISTANT SECRETARY
Name PEREZ, LYNN
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: SCOTT LAMBERT

TREASURER

02/21/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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