

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002814

**FILED**  
**Apr 26, 2024**  
**Secretary of State**  
**4931534149CC**

**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	Title	ASSISTANT TREASURER
Name	PHILLIPS, BRADLEY	Name	FLEMING, MARK
Address	ONE EXPRESS WAY	Address	ONE EXPRESS WAY
City-State-Zip:	SAINT LOUIS MO 63121	City-State-Zip:	SAINT LOUIS MO 63121
Title	ASSISTANT TREASURER	Title	TREASURER
Name	HART, JOANNE	Name	LAMBERT, SCOTT
Address	ONE EXPRESS WAY	Address	ONE EXPRESS WAY
City-State-Zip:	SAINT LOUIS MO 63121	City-State-Zip:	SAINT LOUIS MO 63121
Title	VICE PRESIDENT	Title	ASSISTANT SECRETARY
Name	MIMLITZ, JOHN	Name	SCHMEHL, SANDRA J.
Address	ONE EXPRESS WAY	Address	ONE EXPRESS WAY
City-State-Zip:	SAINT LOUIS MO 63121	City-State-Zip:	SAINT LOUIS MO 63121
Title	PRESIDENT	Title	ASST. TREASURER
Name	PHILLIPS, BRADLEY	Name	WARFORD, ELIZABETH
Address	ONE EXPRESS WAY	Address	ONE EXPRESS WAY
City-State-Zip:	SAINT LOUIS MO 63121	City-State-Zip:	SAINT LOUIS MO 63121

**Continues on page 2**

*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: ALICIA MORROW**

**SECRETARY**

**04/26/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name MAPP-AKOTIA, SHERMONA  
Address ONE EXPRESS WAY  
City-State-Zip: SAINT LOUIS MO 63121

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

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

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

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