

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002814

FILED
Apr 28, 2011
Secretary of State

Entity Name: HEALTHBRIDGE REIMBURSEMENT AND PRODUCT SUPPORT, INC.

Current Principal Place of Business:

ONE EXPRESS WAY
ST. LOUIS, MO 63121

New Principal Place of Business:

255 TECHNOLOGY PARK
LAKE MARY, FL 32746

Current Mailing Address:

ONE EXPRESS WAY
ST. LOUIS, MO 63121

New Mailing Address:

255 TECHNOLOGY PARK
LAKE MARY, FL 32746

FEI Number: 04-2992335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD
Name: EBLING, KEITH
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title: PT
Name: HALL, JEFFREY
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title: S
Name: AKINS, MARTIN P
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title: AS
Name: NAEGER, JEFFREY
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title: AS
Name: ELLIOTT, KELLEY
Address: ONE EXPRESS WAY
City-St-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: JEFFREY NAEGER

AS

04/28/2011

Electronic Signature of Signing Officer or Director

_____ Date