


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90244 050 ***150.00

DOCUMENT # F0000007271

1. Entity Name
HEALTH TOUR MANAGEMENT, INC.



14009001



Principal Place of Business Mailing Address

ATTN: AISHA WHITE **ATTN: AISHA WHITE**
7733 FORSYTH BLVD., SUITE 1700 **7733 FORSYTH BLVD., SUITE 2300**
ST. LOUIS, MO 63105 **ST. LOUIS, MO 63105**

2. Principal Place of Business 3. Mailing Address

7733 Forsyth Blvd. Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 2300 City & State
St. Louis, MO City & State
 Zip Country Zip Country
63105

04262005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

04-3409707 04-3404707 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM Name
1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable)
PLANTATION, FL 33324 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD SHORT, JOHN 7733 FORSYTH BLVD., SUITE 1700 ST. LOUIS, MO 63105 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7733 Forsyth Blvd. Ste. 2300 St. Louis, MO 63105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO GERMANESE, VINCE 7733 FORSYTH BLVD., SUITE 1700 ST. LOUIS, MO 63105 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7733 Forsyth Blvd. Ste. 2300 St. Louis, MO 63105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVSD GERMANESE, VINCE 7733 FORSYTH BLVD., SUITE 1700 ST. LOUIS, MO 63105 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7733 Forsyth Blvd. Ste. 2300 St. Louis, MO 63105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVTA BOGOVICH, MARK 7733 FORSYTH BLVD., STE. 1700 ST. LOUIS, MO 63105 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D/Asst. S/CAO 7733 Forsyth Blvd. Ste. 2300 St. Louis, MO 63105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **4-28-05** DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR