

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FILED**  
10 JUN 21 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**HEALTHBRIDGE REIMBURSEMENT AND PRODUCT SUPPORT, INC.**

Certificate of Status	0
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*MRS 4/22*

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Healthbridge Reimbursement and Product Support, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Massachusetts

(State or country under the law of which it is incorporated)

3. 04-2992335

(FBI number, if applicable)

4. 1/26/1988

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 10/1/2009

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One Express Way, St. Louis, MO 63121

(Principal office address)

One Express Way, St. Louis, MO 63121

(Current mailing address)

8. Pharmacy benefit management services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: Henry F. Furtado

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE FLORIDA**

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**Chairman: Keith J. EblingAddress: One Express Way, St. Louis, MO 63121

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**President: Jeffrey HallAddress: One Express Way, St. Louis, MO 63121Vice President: Keith J. EblingAddress: One Express Way, St. Louis, MO 63121One Express Way, St. Louis, MO 63121Secretary: Martin P. AkinsAddress: One Express Way, St. Louis, MO 63121Treasurer: Jeffrey HallAddress: One Express Way, St. Louis, MO 63121

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Martin P. Akins, Secretary

(Typed or printed name and capacity of person signing application)

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**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**Additional Officers of Healthbridge Reimbursement and Product Support, Inc.**

Jeffrey Naeger, Assistant Secretary

One Express Way  
St. Louis, MO 53121

Kelley Elliott, Assistant Secretary

One Express Way  
St. Louis, MO 53121



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

June 16, 2010

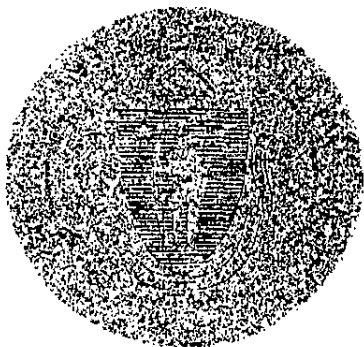
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

**HEALTHBRIDGE REIMBURSEMENT AND PRODUCT SUPPORT, INC.**

is a domestic corporation organized on **January 26, 1988**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

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