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Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004192 (9)

1. Corporation Name

HEALTH RESOURCE PUBLISHING COMPANY



Principal Place of Business
515 OLIVE STREET, STE 1212
ST LOUIS MO 63101

Mailing Address
11300 9TH ST. N.
ST. PETERSBURG FL 33716-2320

3. Date Incorporated or Qualified
08/30/1995

3a. Date of Last Report
04/03/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3310028

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCCLOREY, MICHAEL
STREET ADDRESS 515 OLIVE STREET, STE 1212
CITY-ST-ZIP ST LOUIS MO

TITLE VSTD
NAME OFF, GEORGE W
STREET ADDRESS 11300 9TH STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE AS
NAME BUSCH, ROBERT A
STREET ADDRESS 11300 9TH STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE AS
NAME GASPARINI, BEN
STREET ADDRESS 11300 9TH STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE D
NAME GREER, TOMMY D
STREET ADDRESS 11300 9TH STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE AS
3.2 NAME BRUCE VALENTINE
3.3 STREET ADDRESS 11300 9TH ST N.
3.4 CITY-ST-ZIP ST PETERSBURG, FL 33716

4.1 TITLE AS
4.2 NAME CHRISTOPHER WOLF
4.3 STREET ADDRESS 11300 9TH ST N.
4.4 CITY-ST-ZIP ST PETERSBURG, FL 33716

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CHRISTOPHER WOLF 1/20/97 (813) 579-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)