

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000004192

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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

81 Name **NRAI Services, Inc.**
 82 Street Address (P.O. Box Number is Not Acceptable) **526 E Park Ave**
 83
 84 City **Tallahassee** FL 85 Zip Code **32301**

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 *W. Edward Hand, Gen. Sec.*
 Signature typed or printed name of registered agent and title, if applicable.

4/27/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	MCCLOREY, MICHAEL	
STREET ADDRESS	515 OLIVE STREET, STE 1212	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	VSTD	[] DELETE
NAME	OFF, GEORGE W	
STREET ADDRESS	11300 9TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	AS	[X] DELETE
NAME	VALENTINE, BRUCE	
STREET ADDRESS	11300 9TH ST. N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	AS	[] DELETE
NAME	WOLF, CHRISTOPHER	
STREET ADDRESS	11300 9TH ST. N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	[] DELETE
NAME	BAXTER, JACQUELINE	
STREET ADDRESS	515 OLIVE ST STE 1212	
CITY-ST-ZIP	ST LOUIS MO 63101	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	300002859245-
13 STREET ADDRESS	-04/30/99 -01137-002
14 CITY-ST-ZIP	****150.00 XXXX 150.00
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [X] Addition
32 NAME	AS
33 STREET ADDRESS	Breeze, W. Jeffrey
34 CITY-ST-ZIP	11300 9th St. N.
41 TITLE	[] Change [] Addition
42 NAME	St. Petersburg, FL 33716
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *W. Jeffrey Breeze* **W. Jeffrey Breeze** 4/26/99 727-579-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

FILED
 09 APR 27 PM 2:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/30/1995**
 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 owes the current year Intangible Personal Property Tax Yes [] No
 10. Name and Address of New Registered Agent

0411879

CR2E034 (11/98)