

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

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

9. Name and Address of Current Registered Agent

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

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 of appointment.

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 VALENTINE, BRUCE
STREET ADDRESS 11300 9TH ST. N.
CITY-ST-ZIP ST PETERSBURG FL

TITLE AS
NAME WOLF, CHRISTOPHER
STREET ADDRESS 11300 9TH ST. N.
CITY-ST-ZIP ST PETERSBURG FL

TITLE S
NAME BAXTER, JACQUELINE
STREET ADDRESS 515 OLIVE ST STE 1212
CITY-ST-ZIP ST LOUIS MO 63101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
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61 TITLE
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 Baxter* N. JEFFREY BAXTER

4/26/99 727-579-5000

FILED
99 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
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
8. This corporation owes the current year Intangible
Personal Property Tax
10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

NRAI Services, Inc.
526 E Park Ave
Tallahassee FL 32301

300002859245-
-04/30/99 -01137-002
****150.00 XXXX 150.00

AS
Breeze, W. Jeffrey
11300 9th St. N.
St. Petersburg, FL 33716

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