

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90179 008 \*\*\*150.00

**DOCUMENT # F95000004192**

1. Entity 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**200 Canillon Pkwy**  
 Suite, Apt. #, etc.

City & State  
**St. Petersburg, FL**

4. FEI Number **59-3310028** Applied For  
 Not Applicable

Zip Country Zip Country  
**33716 USA**

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

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
 526 E PARK AVE  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MCCLOREY, MICHAEL 515 OLIVE STREET, STE 1212 ST LOUIS MO</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 Canillon Parkway</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OFF, GEORGE 11300 9TH STREET NORTH ST. PETERSBURG FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director Daniel D. Granger 200 Canillon Parkway ST. PETERSBURG, FL 33716</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS BREEZE, W. JEFFERY 11300 9TH ST. N. ST PETERSBURG FL 33716</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 Canillon Parkway</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS WOLF, CHRISTOPHER 11300 9TH ST. N. ST PETERSBURG FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 Canillon Parkway</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BAXTER, JACQUELINE 515 OLIVE ST STE 1212 ST LOUIS MO 63101</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS BRISTOW, TOM 11300 9TH ST N. SAINT PETERSBURG FL 33716</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 Canillon Parkway</b>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date **5/1/01** Daytime Phone # **727-579-5880**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

Attachments

80056943

# FE15 00004199

HEALTH RESOURCE PUBLISHING COMPANY  
LIST OF OFFICERS AND DIRECTORS

OFFICERS:

<u>Name</u>	<u>Title</u>	<u>SS No.</u>	<u>Business Address</u>
Michael McClorey	President & CEO	269-56-7874	515 Olive St. #1212 St. Louis, Mo 63101
Robert A. Uecker	Exec. VP / RETAIL	157-36-0650	515 Olive St. #1212 St. Louis, Mo 63101
Joseph P. Port	Vice President	274-54-2675	200 Carillon Parkway St. Petersburg, FL 33716
Edward Rhoads	Sr. Vice President - Business Development	213-48-8218	515 Olive St. #1212 St. Louis, Mo 63101
Jacqueline R. Baxter	Secretary	499-72-9697	515 Olive St. #1212 St. Louis, Mo 63101
Christopher W. Wolf	CFO / Treasurer	266-51-3681	200 Carillon Parkway St. Petersburg, FL 33716
John J. Halak	Vice President - Legal Affairs	285-54-6756	200 Carillon Parkway St. Petersburg, FL 33716
Jennifer Wahlen	Assistant Secretary	137-34-4685	200 Carillon Parkway St. Petersburg, FL 33716
Tom Bristow	Assistant Secretary	282-54-0315	200 Carillon Parkway St. Petersburg, FL 33716

DIRECTORS:

Daniel D. Granger	Director	522-62-3842	200 Carillon Parkway St. Petersburg, FL 33716
Frank Barker	Director	262-40-2033	200 Carillon Parkway St. Petersburg, FL 33716
Thomas Mindrum	Director	347-42-5094	200 Carillon Parkway St. Petersburg, FL 33716
Richard George	Director	359-30-6099	200 Carillon Parkway St. Petersburg, FL 33716
Michael T. McClorey	Director	269-56-7874	515 Olive St. #1212 St. Louis, Mo 63101