

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90880 010 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** *F-95000004192* ✓

1. Entity Name

HEALTH RESOURCE PUBLISHING COMPANY

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

200 CARILLON PARKWAY

Suite, Apt. #, etc.

3. Mailing Address

200 CARILLON PARKWAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ST PETERSBURG FL

City & State  
ST PETERSBURG FL

4. FEI Number  
59-3310028

Applied For  
Not Applicable

Zip  
33716

Country  
USA

Zip  
33716

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
NRAI SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable)  
526 EAST PARK AVENUE

City  
TALLAHASSEE FL Zip Code  
32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$800.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CHIEF EXECUTIVE OFFICER  
MICHAEL MCCLOREY  
515 OLIVE STREET #1212  
ST LOUIS, MO 63101

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT/COO  
GEORGE NEAL  
515 OLIVE STREET #1212  
ST LOUIS, MO 63101

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SECRETARY  
ROBYN LUCAS-TEBEAU  
515 OLIVE STREET #1212  
ST LOUIS, MO 63101

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VICE PRESIDENT  
JOSEPH PORT  
200 CARILLON PARKWAY  
ST PETERSBURG, FL 33716

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CFO/TREASURER  
CHRISTOPHER WOLF  
200 CARILLON PARKWAY  
ST PETERSBURG, FL 33716

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ASSISTANT SECRETARY  
THOMAS BRISTOW  
200 CARILLON PARKWAY  
ST PETERSBURG, FL 33716

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

ASST SECRETARY

4/22/02 727-579-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)