

**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.
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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

**DO NOT WRITE
IN THIS SPACE**

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

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 _____ 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. <input type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$850.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	DO NOT WRITE IN THIS SPACE
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	
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	
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	
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	
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	

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)