

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000001018

Entity Name: NATIONAL MEDICAL RESOURCES, INC.**Current Principal Place of Business:**2792 E. BROADWAY AVENUE
BISMARCK, ND 58501**Current Mailing Address:**2792 E. BROADWAY AVENUE
BISMARCK, ND 58501 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name THOMPSON, DANIEL
Address 2792 E. BROADWAY AVENUE
City-State-Zip: BISMARCK ND 58501

Title DIRECTOR
Name THOMPSON, DANIEL
Address 2792 E. BROADWAY AVENUE
City-State-Zip: BISMARCK ND 58501

Title SECRETARY
Name THOMPSON, PATSY
Address 2792 E. BROADWAY AVENUE
City-State-Zip: BISMARCK ND 58501

Title TREASURER
Name THOMPSON, PATSY
Address 2792 E. BROADWAY AVENUE
City-State-Zip: BISMARCK ND 58501

Title DIRECTOR
Name THOMPSON, PATSY
Address 2792 E. BROADWAY AVENUE
City-State-Zip: BISMARCK ND 58501

Title VICE-PRESIDENT
Name TUPA, KENDRICK
Address 2792 E. BROADWAY AVENUE
City-State-Zip: BISMARCK ND 58501

Title DIRECTOR
Name TUPA, KENDRICK
Address 2792 E. BROADWAY AVENUE
City-State-Zip: BISMARCK ND 58501

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL THOMPSON**PRESIDENT****04/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date