

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002070

FILED
Apr 21, 2009
Secretary of State

Entity Name: HEALTHCARE RESOURCE GROUP, INC.

Current Principal Place of Business:

102 S FIRST AVE 200
SANDPOINT, ID 83864

New Principal Place of Business:

Current Mailing Address:

102 S FIRST AVE 200
SANDPOINT, ID 83864

New Mailing Address:

FEI Number: 82-0474664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGENTS & CORPORATIONS, INC.
300 FIFTH AVE SOUTH SUITE 101-300
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CT () Delete
Name: HAYS, COLLEEN
Address: 102 S FIRST AVE 200
City-St-Zip: SANDPOINT, ID 83864

Title: CEO () Delete
Name: HAYS, COLLEEN
Address: 102 S FIRST AVE 200
City-St-Zip: SANDPOINT, ID 83864

Title: DP () Delete
Name: MCCOY, STEVE
Address: 102 S FIRST AVE 200
City-St-Zip: SANDPOINT, ID 83864

Title: DS () Delete
Name: ENGLISH, KRISTINA
Address: 102 S FIRST AVE 200
City-St-Zip: SANDPOINT, ID 83864

Title: VP () Delete
Name: WEST, GREG
Address: 12610 E MIRABEAU PARKWAY
City-St-Zip: SPOKANE VALLEY, ID 99206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KRISTINA ENGLISH

CFO

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date