

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002070

FILED
Feb 22, 2011
Secretary of State

Entity Name: HEALTHCARE RESOURCE GROUP, INC.

Current Principal Place of Business:

476394 HIGHWAY 95
STE 201
PONDERAY, ID 83852

New Principal Place of Business:

Current Mailing Address:

476394 HIGHWAY 95
STE 201
PONDERAY, ID 83852

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

OFFICERS AND DIRECTORS:

Title: DIR
Name: HAYS, COLLEEN
Address: 476394 HIGHWAY 95, STE 201
City-St-Zip: PONDERAY, ID 83852

Title: CEO
Name: MCCOY, STEVE
Address: 476394 HIGHWAY 95, STE 201
City-St-Zip: PONDERAY, ID 83852

Title: DP
Name: MCCOY, STEVE
Address: 476394 HIGHWAY 95, STE 201
City-St-Zip: PONDERAY, ID 83852

Title: DS
Name: ENGLISH, KRISTINA
Address: 476394 HIGHWAY 95, STE 201
City-St-Zip: PONDERAY, ID 83852

Title: VP
Name: WEST, GREG
Address: 12610 E MIRABEAU PARKWAY, STE 900
City-St-Zip: SPOKANE VALLEY, WA 99206

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: KRISTINA ENGLISH

CFO

02/22/2011

Electronic Signature of Signing Officer or Director

Date