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(Add	dress)	,
(City	//State/Zip/Phone	e #)
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B. My

COVER LETTER

SUBJECT:	HEALTHCARE RE	SOURCE GROUP, IN	<u>C.</u>	
	Nan	ne of Corporation		
DOCUMENT NU	MBER:	F08000002070		
The enclosed State	ment of Change of Registered	l Office/Agent and fee are subn	nitted for filing.	
Please return all co	rrespondence concerning this	matter to the following:		
	\	Wendy Rea		
	Name	of Contact Person		
		NRAI		
	F	irm/Company		
	11600 Col	llege Blvd, Suite 210 Address		
•		Address		
	•	15 1 16 22212		
Overland Park, KS 66210 City/State and Zip Code				
	Ç.i.y. c			
_	info	@nrai.com		
	E-mail address: (to be used	for future annual report not	ification)	
For further informa	tion concerning this matter, pl	lease call:		
	Wendy Rea	. 800	550 670 <i>4</i>	
Nan	ne of Contact Person	Area Code & Day	550-6724 time Telephone Number	
		·	·	
Enclosed is a \$35.0	0 check made payable to the I	Department of State.		
	Mailing Address: Amendment Section	Street Address	<u>ii</u> [
	Division of Corporatio	Amendment S ns Division of C		
	P.O. Box 6327	Clifton Buildi	-	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of WASHINGTON in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: HEALTHCARE RESOURCE GROUP, INC.	_
2. The principal office address: 12610 E MIRABEAU PARKWAY STE 800 SPOKANE VALLEY WA 99216	<u>-</u>
3. The mailing address (if different):	_
4. Date of incorporation/qualification: 04/24/2008 Document number: F0800002070	_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
AGENTS & CORPORATIONS, INC.	
300 FIFTH AVE SOUTH SUITE 101-300	
NAPLES FL 34102	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	-
NRAI Services, Inc.	L.
515 East Park Avenue	
P.O. Box NOT acceptable	
Tallahassee, FL 32301 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
authorized by the board, or the corporation has been notified in writing of the change.	
Kristina English, CFO Signature of an office or director Printed or typed name and title	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. NRAI Sprivers, Inc. 12/14/2011	
by: 12/14/2011 Date	
If signing on behalf of an entity:	
Wendy D Rea, Assistant Secretary, Neal Services, Inc.	

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name

COVER LETTER

Division of Corporations	
SUBJECT: HEALTHCARE RESOURCE GROUP, INC. Name of Corporation	
DOCUMENT NUMBER: F08000002070	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Wendy Rea Name of Contact Person	
Name of Condet Poison	
NRAI	
Firm/Company	
44000 0 11	
11600 College Blvd, Suite 210 Address	
Overland Park, KS 66210	
City/State and Zip Code	
info@nrai.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Wendy Rea at (800) 550-6724	
Wendy Rea at (800) 550-6724 Name of Contact Person Area Code & Daytime Telephone Number	r
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section Street Address: Amendment Section	
Amendment Section Amendment Section Division of Corporations Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a co	orporation organiz <mark>e</mark>	607.1508, or 617.1508, Flo d under the laws of the Sta	te of WASHINGTON
in ord	er to change its registere	d office or registere	d agent, or both, in the Sta	te of Florida.
1. The name of	the corporation: HEAL	THCARE RE	SOURCE GROUP	, INC.
• •	l office address: 12610 E VALLEY WA 9921	16	PARKWAY STE 800	
3. The mailing :	address (if different):			
	`			
4. Date of incor	poration/qualification:	04/24/2008	Document number:	F08000002070
	d street address of the cur rtment of State: (If resign		t and registered office on f	ile with the
	AGENTS & CORP	ORATIONS, IN	C	
	300 FIFTH AVE SO	OUTH SUITE 10)1 -3 00	
	NAPLES FL 34102	· · · · · · · · · · · · · · · · · · ·		
6. The name and (if changed):	d street address of the new		f changed) and /or register	ed office
	515 East Park Ave	· · · · · · · · · · · · · · · · · · ·		
		P.O. Box NOT acc	cptable	
	Tallahassee, FL 32	2301		
The street addre	ess of its registered offic- be identical.	e and the street add	ress of the business office	e of its registered agent,
Such change wa authorized by th	as authorized by resolutine board, or the corporat	on duly adopted by	its board of directors or ed in writing of the chang	by an officer so e.
	L X 10	_	Kristina Engl	
J	e of an officer or director		Printed or typed name	e and title
I hereby accept I further agree to of my duties, and document is being corporation has NRAI Spring	the appointment as reginate of comply with the provision of the provision	stered agent and ag sions of all statutes accept the obligat a change in the re of this change.	gree to act in this capacity relative to the proper an ion of my position as regi gistered office address, I	y, d complete performance stered agent. Or, if this hereby confirm that the
hy:	agure of Registered Agent		12/14/20 Date	
If signing on bel				
•	•	cretary 110N	1 Services, 1	14.0
Ту	ped or Printed Name	······································		ric.

* * * FILING FEE: \$35.00 * * *