

F08000002070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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12/19/11  
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## COVER LETTER

**TO:** Amendment Section  
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

NRAI  
Firm/Company

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  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/24/2008 Document number: F08000002070

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.

515 East Park Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
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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.

  
\_\_\_\_\_  
Signature of an officer or director

Kristina English, CFO  
\_\_\_\_\_  
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 Services, Inc.

by:   
\_\_\_\_\_  
Signature of Registered Agent

12/14/2011

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Wendy D Rea, Assistant Secretary, NRAI Services, Inc.

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

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 Kristina English, CFO  
Signature of an officer or director Printed or typed name and title

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NRAI Services, Inc.

by:  \_\_\_\_\_  
Signature of Registered Agent

12/14/2011

Date

If signing on behalf of an entity:

Wendy D Rea, Assistant Secretary, NRAI Services, Inc.

Typed or Printed Name

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

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