

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002070

FILED
Apr 09, 2012
Secretary of State

Entity Name: HEALTHCARE RESOURCE GROUP, INC.

Current Principal Place of Business:

12610 E MIRABEAU PKWY STE 800
SPOKANE VALLEY, WA 99216

New Principal Place of Business:

Current Mailing Address:

12610 E MIRABEAU PKWY STE 800
SPOKANE VALLEY, WA 99216

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:

NRAI SERVICES, INC.
515 E PARK AVE
TALLAHASSEE, FL 32301 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: 12610 E MIRABEAU PARKWAY, STE 800
City-St-Zip: SPOKANE VALLEY, WA 99216

Title: CEO
Name: MCCOY, STEVE
Address: 12610 E MIRABEAU PARKWAY, STE 800
City-St-Zip: SPOKANE VALLEY, WA 99216

Title: CFO
Name: ENGLISH, KRISTINA
Address: 12610 E MIRABEAU PARKWAY, STE 800
City-St-Zip: SPOKANE VALLEY, WA 99216

Title: DIR
Name: BYERLY, DENNIS
Address: 3888 NORTHLAKE CREEK RD
City-St-Zip: TUCKER, GA 30084

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

04/09/2012

Electronic Signature of Signing Officer or Director

Date