F14000005495

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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COVER LETTER

	v Filing Section					
	ision of Corporations HEALTHCARE RESOURCE GROUP,	INC				
SUBJECT: Name of corporation - must include suffix						
	Name of corporation	n - must menude surnx				
Dear Sir or	Madam:					
"Certificate		r Authorization to Transact Business in Florida," and check are submitted to register the ess in Florida.				
Please return	n all correspondence concerning this matte	er to the following:				
GREG KING	3					
	Name of	Person				
HEALTHCA	RE RESOURCE GROUP, INC.					
	Firm/Co	npany				
12610 E MI	RABEAU PARKWAY STE 800					
-	Add	ress				
SPOKANE	VALLEY, WA, 99216					
	City/State	and Zip code				
GREG.KING	G@HRGPROS.COM					
	E-mail address: (to be used	for future annual report notification)				
For further i	nformation concerning this matter, please	call:				
GREG KINE	509	252-5262				
	at (Code & Daytime Telephone Number				
Ivai	nic of Telson Alea	Code & Daytime Telephone Number				
New Divi Clift 266 Tall Enclosed is	REET/COURIER ADDRESS: Filing Section sion of Corporations ton Building Executive Center Circle ahassee, FL 32301 a check for the following amount:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
\$70.00 F	iling Fee	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy				



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2014

GREG KING 12610 E MIRABEAU PKWY STE 800 SPOKANE VALLEY, WA 99216

SUBJECT: HEALTHCARE RESOURCE GROUP, INC.

Ref. Number: W14000071486

We have received your document for HEALTHCARE RESOURCE GROUP, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

-Jessica A Fason Regulatory Specialist II

Letter Number: 914A00025250

1-850-245-6995

12/19/2014

Hi Jessica,

I just received the Certificate of existence from the State of Washington. I have included the letter I received from you last month. I have also included the first page of the Cover Letter as I noticed that my email address and my last name at the bottom was incorrect.

Please let me know if there is anything else you might need from me.

Thanks again,

HRG Healthcare

Greg King

Corporate Accountant 12610 E Mirabeau Pkwy, STE 800 Spokane Valley, WA 99216 http://hrgpros.com 509-252-5262/800-695-8171 ph 509-209-2053/800-967-8985 fax

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

E RESOURCE GROUP, INC.			
corporation; must include "INCORPO Corp," "Inc," "Co," or "Corp.")	RATED," "COMPANY," "CORPORATION,"		
•	ite name adopted for the purpose of transacting b	usiness in Florida)	
	3.		
ry under the law of which it is incorpo	rated) (FEI number, if applic	:able)	
	5. PERPETUAL		
c of incorporation)	(Duration: Year corp. will cease to ex	ist or "perpetual")	
12013			
(Date first transacted t	usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)		
, 12610 E MIRABEAU PARKWAY STE 800, SPOKANE VALLEY, WA, 99216			
(Principal c	ffice address)		
BEAU PARKWAY STE 800, SPO	(ANE VALLEY, WA, 99216		
(Current mailing address)			
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)			
Corporation Service Company			
1201 Hays Street			
Tallahassee	32301 Florida		
(City)	(Zip code)		
ned as registered agent and to acc s application, I hereby accept the comply with the provisions of all familiar with and accept the oblig	appointment as registered agent and agree statutes relative to the proper and complete ations of my position as registered agent.	to act in this capacity. I performance of my ottlieb	
	Corp, "Inc," "Co," or "Corp.") Iable in Florida, enter alternate corporation ry under the law of which it is incorporation) (Date first transacted be (SEE SECTIONS 607.1501) BEAU PARKWAY STE 800, SPOK (Principal of (Principal of (Current material address) of Florida registered age Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept the comply with the provisions of all services.	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," Corp.," "Inc," "Co," or "Corp.") [able in Florida, enter alternate corporate name adopted for the purpose of transacting by transacting by transacting by transacting by transact	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRE				
Chairman:	Dennis Byerly 3888 Northlake Creek Drive			—
Address:				
_	Tucker, GA, 30084			
Vice Chair	Harriett Flowers			
Address:	2116 Aristocrat			
I -	Irving , TX , 75063			
Director:				
Address:				
-				
Director:				
Address:				
B. OFFI	CERS	\$0.00 m		
President:	Steve McCoy	After (Aft)	40	
Address:	12610 E Mirabeau Parkway STE 800	* 1	EC 2	12.
_	Spokane Valley, WA , 99216	T.,	رق	<u>. </u>
Vice Presid	dent: Greg West		CO	ı'
Address:	12610 E Mirabeau Parkway STE 800	1	: - 6	
	Spokane Valley, WA , 99216	. 600		
Secretary:	Kristina English			
Address: _	12610 E Mirabeau Parkway STE 800 , Spokane Valley, WA, 99216			
Treasurer:				
Address: _				
NOTE: I	If necessary, you may attach an addendum to the application listing additional officers and/or of	director	s.	
12				
are true ar	Signature of Director or Officer er or director signing this document (and who is listed in number 12 above) affirms that the fact that he or she is aware that false information submitted in a document to the Department of gree felony as provided for in s.817.155, F.S.			
13. KRIS	STINA ENGLISH - CFO			
	(Typed or printed name and capacity of person signing application)			

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF** HEALTHCARE RESOURCE GROUP, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 12/23/2010.

I FURTHER CERTIFY that as of the date of this certificate, HEALTHCARE RESOURCE GROUP, INC. remains active and has complied with the filing requirements of this office.

Date: December 16, 2014

UBI: 603-072-507

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State