2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002516

1. Entity Name

HEALTHRISK RESOURCE GROUP, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90073 024 ***158.75

Principal Place of Business	Mailing Address				
711 HIGH ST. C/O DEBORAH KERNS. LAW DES MOINES IA 50392	711 HIGH ST. C/O DEBORAH KERNS, LAW DES MOINES IA 50392-0001				
2. Principal Place of Business	3. Mailing Address				
1551 N. Tustin Avenue	1551 N. Tustin Avenue				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
Suite #300	Suite #300				



DO NOT WRITE IN THIS SPACE

Suite #3	100	Suite #300						
City & State		City & State		4. F	El Number 52-2085838		pplied For	
Santa Ana, CA		Santa Ana, CA				No.	ot Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add		
92705	USA	<u> </u>	JSA			Fee Require	,'a	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			يعرظ!\\\\انتيرابــــــــــــــــــــــــــــــــــــ	Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)				
			City			Zip Cod	le	
8 The above	named entity submits this statement for	the ourpose of changing its re	aistered office or	registered ag	ent, or both, in the State of Florida.			
v. The above	named entity administrate and statement for	and bendance of cuttinging its te	g.o.o.o. omoo o	. 59.5.5.66 29	and a seem in the orate of thoroat		j	
01041471177								
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE, R	legistered Agent signat	re required when re	instating) DA	IE		
		FU C MOWIN	EEE 10 6450	<u> </u>				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE After MAY 1, 2000 Fee					10. Election Campaign Financing		00 May Be	
	ia on back)	Make Check Payable			Trust Fund Contribution.	. L. Addet	d to Fees	
11.	OFFICERS AND		12.		DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	IS IN 11	
TITLE	С	X Delete	TITLE	Preside		Change	X Addition	
NAME	GRAF, THOMAS J	EN DOISIG	NAME		KRAIG A			
STREET ADDRESS	711 HIGH ST.		STREET ADDRESS		h Street	•	{	
CITY-ST-ZIP	DES MOINES IA 50392	ļ	CITY-ST-ZIP		nes IA 50392		ļ	
TITLE	P	☐ Delete	TITLE			Change	Addition	
NAME	WHITTY, STEVEN C		NAME				{	
STREET ADDRESS	711 HIGH ST.	•	STREET ADDRESS					
CITY-ST-ZIP	DES MOINES 1A 50392	1	CITY-ST-ZIP	<u> </u>				
TITLE	T	☑ Delete	TITLE		esident Finance/Tre	asu llen ange	🔀 Addition	
NAME	BASSETT, GRAIG L		NAME		EDWARD-K			
STREET ADDRESS	711 HIGH ST.		STREET ADDRESS		Tustin Avenue, Sui	te 300		
CITY-ST-ZIP	DES MOINES IA 50392		CITY-ST-ZIP	Santa A	na CA 92705			
TITLE	VS	☐ Delete	TITLE			☐ Change	☐ Addition	
HAME	HOFFMAN, JOYCE N		NAME				Ì	
STREET ADDRESS	711 HIGH ST.		STREET ADDRESS				}	
CITY-ST-ZIP	DES MOINES IA 50392	_ _	CITY-ST-ZIP					
TITLE	AS	🔀 Delete	TITLE		s't Corporate Secret	ary Change	X Addition	
NAME	BRICKER, MARY L		NAME		, VIRGINIA	. 222	Ì	
STREET ADDRESS	711 HIGH ST.		STREET ADDRESS		Tustin Avenue, Sui	te 300		
CITY-ST-ZIP	DES MOINES IA 50392		CITY-ST-ZIP	Santa A	na CA 92705			
TITLE	D CARY M	☐ Delete	TITLE			Change	Addition \	
NAME OFFICE LIBERTON	CAIN, GARY M	•	NAME OTRET ADDRESS				ĺ	
STREET ADDRESS	711 HIGH ST.		STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	DES MOINES IA 50392			<u></u>				
13. I hereby of	ertify that the information supplied with	this filing does not qualify for the	ne exemption sta	ted in Section	119.07(3)(i), Florida Statutes. I further	certify that the i	information	

indicated on this report or supplemental report is true and accurate and that my 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 of trustee on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Virginia Pascual SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

714-480-4109

Daytime Phone #