2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P02000049051

Entity Name: HEALTHCARE RESOURCE GROUP, INC.

Current Principal Place of Business:

7864 SW 106TH AVENUE
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

7864 SW 106TH AVENUE
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 30-0078807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VARELA, GEORGETTE
7864 SW 106TH AVENUE
MIAMI, FL 33173 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VARELA, GEORGETTE
Address: 7864 SW 106TH AVENUE
City-St-Zip: MIAMI, FL 33173

Title: CMOD ( ) Delete
Name: KAUFMAN, MARC S
Address: 7864 SW 106TH AVENUE
City-St-Zip: MIAMI, FL 33173 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SECO ( ) Change (X) Addition
Name: RODIRGUEZ, VICENTE
Address: 7864 SOUTHWEST 106TH AVENUE
City-St-Zip: MIAMI, FL 33173

Title: TRSO ( ) Change (X) Addition
Name: MEDICI, JEAN
Address: 7864 SOUTHWEST 106TH AVENUE
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEAN MEDICI OFF 04/28/2004

Electronic Signature of Signing Officer or Director Date