

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000005495

Entity Name: HEALTHCARE RESOURCE GROUP, INC.**Current Principal Place of Business:**12610 E MIRABEAU PKWY STE 800
SPOKANE, WA 99216**Current Mailing Address:**12610 E MIRABEAU PKWY STE 800
SPOKANE, WA 99216**FEI Number: 82-0474664****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title	CEO
Name	MCCOY, STEVE
Address	12610 E MIRABEAU PKWY STE 800
City-State-Zip:	SPOKANE WA 99216

Title	PRESIDENT
Name	WEST, GREG
Address	12610 E MIRABEAU PKWY STE 800
City-State-Zip:	SPOKANE WA 99216

Title	DIRECTOR
Name	DITZLER, KRISTINA
Address	12610 E MIRABEAU PKWY STE 800
City-State-Zip:	SPOKANE WA 99216

Title	DIRECTOR
Name	BYERLY, DENNIS
Address	3888 NORTHLAKE CREEK DRIVE
City-State-Zip:	TUCKER GA 30084

Title	DIRECTOR
Name	FLOWERS, HARRIETT
Address	2116 ARISTOCRAT
City-State-Zip:	IRVING TX 75063

Title	DIRECTOR
Name	SCHIESL, JOE
Address	14259 SHADY BEACH TRAIL NE
City-State-Zip:	PRIOR LAKE MN 55372

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: GREGORY WEST**PRESIDENT****02/02/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date