

2022 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

Title CFO
Name BELL, MARK
Address 12610 E MIRABEAU PARKWAY
 SUITE 900
City-State-Zip: SPOKANE VALLEY WA 99216

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: MARK BELL

CFO

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date