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SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Epstein Stephen A	2. Date of Event Requiring Statement (Month/Day/Year) 10/06/2020	3. Issuer Name and Ticker or Trading Symbol Healthcare Business Resources, Inc. [NONE]				
(Last) (First) (Middle) 718 THOMPSON LANE SUITE 108-273	- T0/00/2020	4. Relationship of Reporting Issuer (Check all applicable) X Director Officer (size)	10% Ov	vner File	ed (Month/Day/ /06/2021	,
(Street) NASHVILLE TN 37204 (City) (State) (Zip)		X Officer (give title below)	Other (s below)	. , , ,	neck Applicable Form filed I Person	by One Reporting by More than One
Ta	able I - Non-Deriv	ative Securities Benefic	cially Ow	/ned		
1. Title of Security (Instr. 4)		2. Amount of Securities	3. Owner Form: Di		4. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Beneficially Owned (Instr. 4)	(D) or Inc (I) (Instr.	direct		,
Common Stock			(D) or Inc	direct 5)		
		4)	(D) or Inc (I) (Instr.	direct 5)		
		11,016,000 ve Securities Beneficiarants, options, convert	(D) or Ind (I) (Instr.	direct 5)	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

Remarks:

This amendment corrects the Amount of Securities Beneficially Owned in Table I that was reported on the original Form 3 filed October 6, 2020.

/s/ Stephen Epstein 02/16/2021

** Signature of Reporting Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.