

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000006349

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Entity Name:** THE RISK MANAGEMENT AND PATIENT SAFETY INSTITUTE, INC.

**Current Principal Place of Business:**

6215 W ST JOSEPH HWY  
LANSING, MI 48917

**New Principal Place of Business:**

**Current Mailing Address:**

6215 W ST JOSEPH HWY  
LANSING, MI 48917

**New Mailing Address:**

**FEI Number:** 20-4793831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: ROSEMARIE GAGLIARDIO ON BEHALF OF CSC

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HANSON, GREGG L  
Address: 101 ARCH ST.  
City-St-Zip: BOSTON, MA 02110

Title: TRS  
Name: HAYES, RICHARD G  
Address: 101 ARCH ST.  
City-St-Zip: BOSTON, MA 02110

Title: ASEC  
Name: TRAYNOR, PAUL E  
Address: 6215 W ST JOSEPH HWY  
City-St-Zip: LANSING, MI 48917

Title: VP  
Name: URSUL, MARY L  
Address: 6215 W. ST. JOE HIGHWAY  
City-St-Zip: LANSING, MI 48917

Title: VP  
Name: GIBSON, TARA R  
Address: 101 ARCH STREET  
City-St-Zip: BOSTON, MA 02110

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: PAUL E. TRAYNOR

ASEC

10/08/2013

Electronic Signature of Signing Officer or Director

Date