

F000000007134

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: HMN Health Services, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation to
transact business in Florida.

Please return all correspondence concerning this matter to the following:

James M. Puls
(Name of Person)
HMN Health Services, Inc.
(Firm/Company)
3502 Henderson Blvd. Suite 300
(Address)
Tampa, FL 33609
(City/State/Zip)

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-12/21/00--01047--003
***1150.00 ***1150.00
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-11/17/00--01085--001
*****87.50 *****87.50

w-27844

Should you need to call someone concerning this matter, please call:

Jim Puls at (813) 875-8662
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

00 DEC 26 AM 8:15
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

mtu
12/26



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 27, 2000

JAMES M. OULS
3502 HENDERSON BLVD., STE 300
TAMPA, FL 33609

SUBJECT: HMN HEALTH SERVICES, INC.
Ref. Number: W00000027846

We have received your document for HMN HEALTH SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 300A00060070

00 DEC 26 AM 8:15
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 5, 2000

JAMES M. OULS
3502 HENDERSON BLVD., STE 300
TAMPA, FL 33609

SUBJECT: HMN HEALTH SERVICES, INC.
Ref. Number: W00000027846

We have received your document for HMN HEALTH SERVICES, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1150.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 400A00061408

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. HMN Health Services, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Ohio 3. 34-1885276
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/1/99 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 12/1/99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 3502 Henderson Blvd. Suite 300
Tampa, FL 33609
(Current mailing address)

8. Administration & Consulting Services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

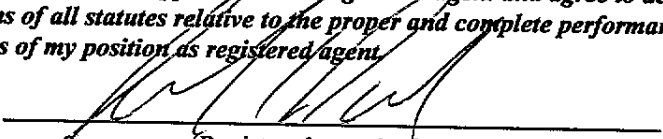
Name: John L. Puls

Office Address: 3502 Henderson Blvd. Suite 300
Tampa, Florida, 33609
(Zip code)

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00 DEC 26 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: James J. Mindala

Address: 9640 Weathervane Drive
Chagrin Falls, OH 44023

Vice Chairman: _____

Address: _____

Director: Paul Wutz

Address: 72 Brandywine Drive
Hudson, OH 44236

Director: John L. Puls

Address: 5138 W. Longfellow Avenue
Tampa, FL 33629

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Paul Wutz

Address: 72 Brandywine Drive
Hudson, OH 44236

CEO
~~Vice President~~ James Mindala

Address: 9640 Weathervane Drive
Chagrin Falls, OH 44023

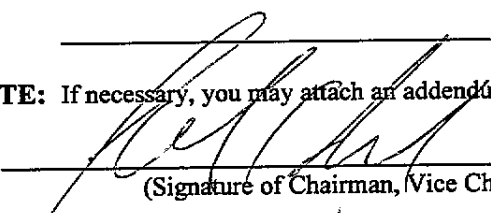
VP & Secretary: John L. Puls

Address: 5138 W. Longfellow Avenue
Tampa, FL 33609

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John L Puls, Exec Vice President
(Typed or printed name and capacity of person signing application)

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00 DEC 26 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.

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I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show HMN HEALTH SERVICES, INC., an Ohio Corporation, Charter No. 1058813, having its principal location in , County of Cuyahoga, was incorporated on February 5, 1999, is currently in GOOD STANDING upon the records of this office.



WITNESS my hand and official seal
at Columbus, Ohio on
November 7, 2000

FILED
00 DEC 26 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Kenneth Blackwell

J. Kenneth Blackwell
Secretary of State