

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -8 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000007134

1. Corporation Name

HMN HEALTH SERVICES, INC.

Principal Place of Business

3502 HENDERSON BLVD., STE 300  
TAMPA FL 33609

Mailing Address

3502 HENDERSON BLVD., STE 300  
TAMPA FL 33609

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/26/2000

5. FEI Number

34-1885276

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75- Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

2

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

City / State / Zip

PD

WUTZ, PAUL

72 BRANDYWINE DRIVE

HUDSON OH

VSD

PULS, JOHN L

5138 W. LONGFELLOW AVENUE

TAMPA FL

See Attached List

4000009214744  
11/26/02-01006-006 \*\*750.00

8. Name and Address of Current Registered Agent

PULS, JOHN L

3502 HENDERSON BLVD., STE 300  
TAMPA FL 33609

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1/6/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02

Date

469-524-7960

Daytime Phone #

HMN Health Services, Inc. Officers

David D. Halbert  
Chairman & CEO  
750 W. John Carpenter Frwy.  
Suite 1200  
Irving, TX 75039

Paul F. Wutz  
President  
72 Brandywine Drive  
Hudson, OH 44236

T. Danny Phillips  
EVP, Corporate Development  
750 W. John Carpenter Frwy.  
Suite 1200  
Irving, TX 75039

Yon Y. Jorden  
EVP & CFO  
750 W. John Carpenter Frwy.  
Suite 1200  
Irving, TX 75039

Laura I. Johansen  
VP & ~~Assistant~~ Secretary  
750 W. John Carpenter Frwy.  
Suite 1200  
Irving, TX 75039

Stephen Houk  
Treasurer  
750 W. John Carpenter Frwy.  
Suite 1200  
Irving, TX 75039

Sue Redman  
Assistant Treasurer  
9501 E. Shea Boulevard  
Scottsdale, AZ 85260