

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002369

FILED  
Jul 18, 2012  
Secretary of State

**Entity Name:** HNI MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

401 CONGRESS AVENUE, SUITE 2950  
AUSTIN, TX 78701

**New Principal Place of Business:**

7500 RIALTO BLVD. #140  
AUSTIN, TX 78735

**Current Mailing Address:**

801 E. FERN #159  
MCALLEN, TX 78501

**New Mailing Address:**

7500 RIALTO BLVD. #140  
AUSTIN, TX 78735

**FEI Number:** 80-0725733

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: BLAKE, HUGO G M.D.  
Address: 7500 RIALTO BLVD #140  
City-St-Zip: AUSTIN, TX 78735

Title: D  
Name: CUNNINGHAM, JOE M.D.  
Address: 7500 RIALTO BLVD. #140  
City-St-Zip: AUSTIN, TX 78735

Title: D  
Name: JUAREZ, ELIZABETH  
Address: 7500 RIALTO BLVD. #140  
City-St-Zip: AUSTIN, TX 78735

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: REBECCA SOLIS

ATTY

07/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date