



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Non-Profit  
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000856476

2. Name of Corporation HNI Medical Services

3. State of Incorporation

State: TX

4. Corporate Address in Rhode Island

No. and Street: 222 JEFFERSON BLVD SUITE 200

City or Town: WARWICK

State: RI Zip: 02888 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 7500 RIALTO BLVD. BUILDING 1, SUITE 140

City or Town: AUSTIN State: TX Zip: 78735 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

DELIVERING HEALTHCARE TO THE PUBLIC

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	REUBEN TOVAR	512 VICTORIA LANE SUITE 12 HARLINGEN, TX 78550 USA
PRESIDENT/CEO	MICHAEL GONZALES	512 VICTORIA LANE SUITE 12 HARLINGEN, TX 78550 USA
TREASURER/CFO	BARRY FROMBERG	512 VICTORIA LANE SUITE 12 HARLINGEN, TX 78550 USA
DIRECTOR	HUGO BLAKE	512 VICTORIA LANE SUITE 12 HARLINGEN, TX 78550 USA

DIRECTOR	JOE CUNNINGHAM	512 VICTORIA LANE SUITE 12 HARLINGEN, TX 78550 USA
DIRECTOR	REUBEN TOVAR	512 VICTORIA LANE SUITE 12 HARLINGEN, TX 78550 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 15 Day of July, 2016 at 12:37:40 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MICHAEL GONZALES  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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