Mobile Health Evaluation and Screening Provider – Legal Entity Name Change

Complete all the following information.

Registration Number (HOSP-##)/Health Facility Identification Number (HFID): _____

Hospital Doing Business As (DBA) name: _____

Previous Legal Entity name: _____

New Legal Entity name: _____

Provider's Address: _____

Effective date of change: _____

Next Steps for Mobile Health Evaluation and Screening Provider

- Contact the Minnesota Secretary of State to file an amendment.
- Email form to health.hrd-fedlcr@state.mn.us.

Affirmation

☐ I certify that the information provided on this form is accurate and complete.

Signature of Administrator/Authorized Agent: _____

Name (print or type): _____

Title: _____

Date: _____

Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900
651-201-4200
Health.HRD-FedLCR@state.mn.us

09/18/2026

If you have questions, please email Health.HRD-FedLCR@state.mn.us or call 651-201-4200.