

F17000001874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

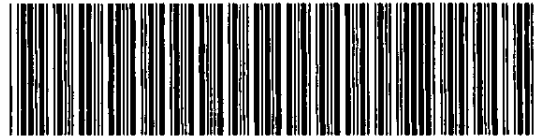
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W17-26747
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APR 26 2017
S. YOUNG

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TALLAHASSEE, FLORIDA
17 MAR 27 PM 3:43



Essentia Health

Here with you

Executive Offices | 502 East 2nd Street
| Duluth, MN 55805
| 218.786.8975
| EssentiaHealth.org

April 17, 2017

Florida Department of State
Division of Corporations
Attn: Shelia H Young
PO Box 6327
Tallahassee, FL 32399-6700

Re: Reference No: W17000026747
The Duluth Clinic, LTD

Dear Ms. Young:

Enclosed, please find a revised Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida.

As requested we have removed "LTD" and replaced it with "Inc." Also attached is an updated Certificate of Good Standing from the State of Minnesota (please note that Minnesota no longer sends originals certificate but rather send them via e-mail which I also attached a copy of their email.)

Should you have any questions or need any further information to complete the registration, please feel free to contact me at (218) 786-8373. Thank you for your assistance with this filing.

Sincerely,

Tammy Lamirande
Senior Paralegal

Enclosures

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2017

TAMMY LAMIRANDE
ESSENTIA HEALTH
502 EAST 2ND STREET, MDMC 120
DULUTH, MN 55720

SUBJECT: THE DULUTH CLINIC, LTD
Ref. Number: W17000026747

We have received your document for THE DULUTH CLINIC, LTD and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 717A00005975

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Duluth Clinic, LTD doing business as Essentia Health Prescription Service Center
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Tammy Lamirande
Name of Person
Essentia Health
Firm/Company
502 East 2nd Street, MDMC 120
Address
Duluth, Minnesota 55720
City/State and Zip Code
tammy.lamirande@essentiahealth.org
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Tammy Lamirande at (218) 786-8373
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. The Duluth Clinic, Inc.
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Minnesota 3. 41-0883623
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/11/1964 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 3500 Tower Avenue Suite C, Superior, WI 54880
(Principal office address)

(Current mailing address, if different)

8. Retail Pharmacy
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

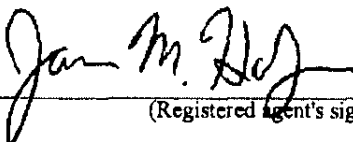
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation

Office Address: 1200 South Pine Island Road Suite 250

Plantation, Florida 15219
(City) (Zip Code)

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.


James M. Halpin
Assistant Secretary
(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.

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Daniel A. Nikcevich, MD, PhD
400 East Third Street, Duluth, MN 55805
Address:

Vice Chairman:
Address:

Director: Chuck Walt
1720 Big lake Road, Cloquet, MN 55720
Address:

Director: Joseph J. Mihalek
1409 Hammond Ave, Suite 330, Superior, WI 54880
Address:

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B. OFFICERS

President: CFO - Kevin S. Boren
407 East Third Street, Duluth, MN 55805
Address:

Vice President:
Address:

Secretary:
Address:

Treasurer:
Address:

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

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

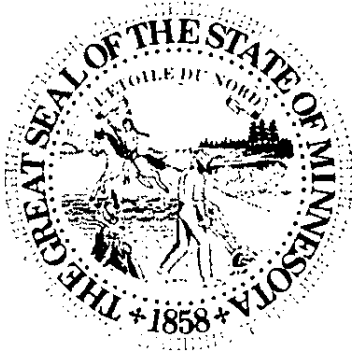
14. Daniel A. Nikcevich, Chairman
(Typed or printed name and capacity of person signing application)

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: THE DULUTH CLINIC, LTD.
Date Filed: 12/11/1964
File Number: 1G-946
Minnesota Statutes, Chapter: 302A
Home Jurisdiction: Minnesota

This certificate has been issued on: 04/17/2017



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

17 MAR 27 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA