

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000001874

**Entity Name:** THE DULUTH CLINIC, INC.

**Current Principal Place of Business:**

204 BELKNAP STREET, SUITE 200  
SUPERIOR, WI 54880

**Current Mailing Address:**

204 BELKNAP STREET, SUITE 300  
SUPERIOR, WI 54880 US

**FEI Number: 41-0883623**

**Certificate of Status Desired: No**

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

CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD STE 250  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title D  
Name MIHALEK, JOSEPH J  
Address 1409 HAMMOND AVENUE STE 330  
City-State-Zip: SUPERIOR WI 54880

Title CFO,P  
Name BOREN, KEVIN S  
Address 407 EAST THIRD STREET  
City-State-Zip: DULUTH MN 55805

Title DIRECTOR  
Name BALDWIN, JAN  
Address 730 34TH ST EAST  
City-State-Zip: HIBBING MN 55746

Title DIRECTOR  
Name CARSON, SISTER THERESE  
Address 1001 KENWOOD AVE  
City-State-Zip: DULUTH MN 55811

Title DIRECTOR  
Name CHARLIER, HARA  
Address 501 W COLLEGE DRIVE  
City-State-Zip: BRAINERD MN 56401

Title DIRECTOR  
Name DUININCK, TROY  
Address 2024 SOUTH SIXTH STREET  
City-State-Zip: BRAINERD MN 56401

Title DIRECTOR  
Name JAMAR, THOMAS  
Address 319 EAST PARK DRIVE  
City-State-Zip: HIBBING MN 55746

Title PRESIDENT  
Name HEEGAARD, WILLIAM  
Address 502 E 2ND STREET  
City-State-Zip: DULUTH MN 55805

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*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: MICHAEL R. WATTERS**

**BOARD SECRETARY**

**01/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RAWAY, SISTER BEVERLY  
Address 1001 KENWOOD AVE  
City-State-Zip: DULUTH MN 55811

Title DIRECTOR  
Name SERTICH, ANTHONY  
Address 202 W SUPERIOR STREET, SUITE 610  
City-State-Zip: DULUTH MN 55802

Title DIRECTOR  
Name WEBER, SISSTER JEANNE ANN  
Address 1200 KENWOOD AVE  
City-State-Zip: DULUTH MN 55811

Title SECRETARY  
Name WATTERS, MICHAEL R.  
Address 502 E 2ND STREET  
City-State-Zip: DULUTH MN 55805

Title DIRECTOR  
Name ROCK, ALAN  
Address 1416 CUMMING AVENUE  
City-State-Zip: SUPERIOR WI 54880

Title DIRECTOR  
Name WACHTER, RENEE  
Address 1605 CATLIN AVE  
City-State-Zip: SUPERIOR WI 54880

Title DIRECTOR  
Name YUNG, ANTHONY  
Address 130 W SUPERIOR ST, SUITE 800  
City-State-Zip: DULUTH MN 55802