

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

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

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

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

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

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

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