

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000001874

Entity Name: THE DULUTH CLINIC, INC.**Current Principal Place of Business:**3500 TOWER AVENUE STE C
SUPERIOR, WI 54880**Current Mailing Address:**3500 TOWER AVENUE STE C
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 | CNIK |
| Name | NIKCEVICH, DANIEL A MD.PHD |
| Address | 400 EAST THIRD STREET |
| City-State-Zip: | DULUTH MN 55805 |

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|-----------------|-----------------------------|
| 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 | RENIER, TOM |
| Address | 400 E 3RD STREET |
| City-State-Zip: | DULUTH MN 55805 |

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: KEVIN BOREN**CHIEF FINANCIAL
OFFICER**

01/03/2023

Electronic Signature of Signing Officer/Director Detail_____
Date