

2021 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

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 S. BOREN**TREASURER****01/08/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date