

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000004287

Entity Name: ST. JOSEPH'S MEDICAL CENTER, INC.**Current Principal Place of Business:**523 N. 3RD STREET
BRAINERD, MN 56401**Current Mailing Address:**502 E. 2ND STREET
DULUTH, MN 55805 US**FEI Number: 41-0695602****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 | P |
| Name | PRYOR, MD, JON |
| Address | 502 E. 2ND STREET |
| City-State-Zip: | DULUTH MN 55805 |

| | |
|-----------------|---------------------------------|
| Title | D |
| Name | KNUDSON, GINNY |
| Address | 302 S. SIXTH STREET, PO BOX 411 |
| City-State-Zip: | BRAINERD MN 56401 |

| | |
|-----------------|------------------------|
| Title | C |
| Name | CHARLIER, HARA |
| Address | 501 WEST COLLEGE DRIVE |
| City-State-Zip: | BRAINERD MN 56401 |

| | |
|-----------------|---------------------|
| Title | D |
| Name | CLOSE, CHRIS |
| Address | 4638 BRENTWOOD ROAD |
| City-State-Zip: | BAXTER MN 56425 |

| | |
|-----------------|-------------------|
| Title | D |
| Name | SOUKUP, KRISTA |
| Address | 606 BLUFF AVENUE |
| City-State-Zip: | BRAINERD MN 56401 |

| | |
|-----------------|----------------------|
| Title | TREASURER |
| Name | HORN, SISTER BEVERLY |
| Address | 502 E. 2ND 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: JON PRYOR, MD**PRESIDENT****01/06/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date