

**2021 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	ALBRECHT, CHUCK
Address	PO BOX 2907
City-State-Zip:	BAXTER MN 56425

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

*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****01/08/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date