

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003623

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** BLACK HILLS CENTER FOR AMERICAN INDIAN HEALTH INC.

**Current Principal Place of Business:**

701 ST. JOSEPH STREET  
SUITE 204  
RAPID CITY, SD 57701

**New Principal Place of Business:**

**Current Mailing Address:**

701 ST. JOSEPH STREET  
SUITE 204  
RAPID CITY, SD 57701

**New Mailing Address:**

**FEI Number:** 46-0451715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEN, YANG  
9330 SW 137 AVE., #708  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: HENDERSON, JEFFREY A.  
Address: 13857 NECK YOKE RD.  
City-St-Zip: RAPID CITY, SD 57702

Title: VP  
Name: HENDERSON, PATRICIA N.  
Address: 13857 NECK YOKE RD.  
City-St-Zip: RAPID CITY, SD 57702

Title: ST  
Name: KINGMAN, A. GAY  
Address: 1926 STIRLING STREET  
City-St-Zip: RAPID CITY, SD 57701

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: JEFFREY A. HENDERSON

CP

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date