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Division of Corporations

# F 23000001608

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FOREIGN PROFIT/NONPROFIT CORPORATION

Sanford Virtual Care Inc.

Certificate of Status	0
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Estimated Charge	\$78.75

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S. ROBERTS

MAR 21 2023

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. Sanford Virtual Care Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. South Dakota 3. 88-0976483  
(State or country under the law of which it is incorporated) (FE) number, if applicable)
4. 02/28/2022 5.  
(Date of Incorporation) (Date of duration, if other than perpetual)

6.  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1305 W 18th Street, Sioux Falls, SD 57105  
(Principal office street address)

PO Box 5038, Route 5801, Sioux Falls, SD 57117  
(Current mailing address, if different)

8. Providing healthcare services, including telehealth and virtual healthcare services  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip Code)

### 10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



Assistant Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: Bill Gassen  
☐ Vice Chairman Address: 1305 W 18th Street  
☐ Director Sioux Falls, SD 57105  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: Trustee ☒ Other: CEO

☒ Chairman Name: Neil Gulsvig  
☐ Vice Chairman Address: 1305 W 18th Street  
☐ Director Sioux Falls, SD 57105  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: Trustee ☐ Other: \_\_\_\_\_

☐ Chairman Name: Andy North  
☐ Vice Chairman Address: 1305 W 18th Street  
☐ Director Sioux Falls, SD 57105  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☒ Other: Trustee ☐ Other: \_\_\_\_\_

☐ Chairman Name: Robin Smith  
☐ Vice Chairman Address: 1305 W 18th Street  
☐ Director Sioux Falls, SD 57105  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☒ Other: Trustee ☐ Other: \_\_\_\_\_

☐ Chairman Name: Lauris Molbert  
☒ Vice Chairman Address: 1305 W 18th Street  
☐ Director Sioux Falls, SD 57105  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: Trustee ☐ Other: \_\_\_\_\_

☐ Chairman Name: Brad Schipper  
☐ Vice Chairman Address: 1305 W 18th Street  
☐ Director Sioux Falls, SD 57105  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. BRAD SCHIPPER, PRESIDENT  
(Typed or printed name and capacity of person signing application)

# State of South Dakota

## Office of the Secretary of State

### Certificate of Good Standing

Domestic Nonprofit Corporation

I, Monae L. Johnson, Secretary of State of the State of South Dakota, hereby certify that

**SANFORD VIRTUAL CARE**

Business ID: NS221735

was authorized to transact business in this state on: February 28, 2022.

I, further certify that **SANFORD VIRTUAL CARE** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused to be  
affixed the Great Seal of the State of South  
Dakota, in Pierre, the Capital City, this day,  
January 4, 2023.

Monae L. Johnson  
Secretary of State

01/04/2023 9:20 AM

Verification #: 016213726