

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000004727

**Entity Name:** SANFORD WORLD CLINICS INC.

**Current Principal Place of Business:**

1305 W. 18TH STREET  
SIOUX FALLS, SD 57105

**Current Mailing Address:**

1305 W. 18TH STREET  
SIOUX FALLS, SD 57105

**FEI Number: 26-2707628**

**Certificate of Status Desired: No**

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

C T 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            PRESIDENT, / DIRECTOR  
Name            LINK, DAVE  
Address        1305 W. 18TH STREET  
City-State-Zip: SIOUX FALLS SD 57105

Title            VP, / DIRECTOR  
Name            SLACK, JIM  
Address        1305 W. 18TH STREET  
City-State-Zip: SIOUX FALLS SD 57105

Title            SECRETARY, / DIRECTOR  
Name            WHITE, ANNETTE  
Address        1305 W. 18TH STREET  
City-State-Zip: SIOUX FALLS SD 57105

Title            TREASURER, / DIRECTOR  
Name            MICKA, MICHELLE  
Address        1305 W. 18TH STREET  
City-State-Zip: SIOUX FALLS SD 57105

*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: ANNETTE M. WHITE**

**SECRETARY**

**04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date