

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000001874

Entity Name: THE DULUTH CLINIC, INC.

Current Principal Place of Business:

3500 TOWER AVENUE STE C
SUPERIOR, WI 54880

Current Mailing Address:

3500 TOWER AVENUE STE C
SUPERIOR, WI 54880 US

FEI Number: 41-0883623

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD STE 250
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 CNIK
Name NIKCEVICH, DANIEL A MD.PHD
Address 400 EAST THIRD STREET
City-State-Zip: DULUTH MN 55805

Title D
Name MIHALEK, JOSEPH J
Address 1409 HAMMOND AVENUE STE 330
City-State-Zip: SUPERIOR WI 54880

Title CFO,P
Name BOREN, KEVIN S
Address 407 EAST THIRD STREET
City-State-Zip: DULUTH MN 55805

Title DIRECTOR
Name RENIER, TOM
Address 400 E 3RD 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: KEVIN BOREN

CFO

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date