

**2021 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 S. BOREN**

**TREASURER**

**01/08/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date