

0307323.0573
7/1/03

Receipt Number: 1221883

File Number DB047026



ARTICLES_OF_INCORPORATION

For

DEUTSCHER CLINICS, P.C.

Filed at the request of:

TIMOTHY P. PARMLEY
810 MAIN AVENUE
LEMMON SD 57638

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: June 24, 2003

Chi Nelson

Secretary of State

Fee Received: \$110 1,000 @ \$100

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

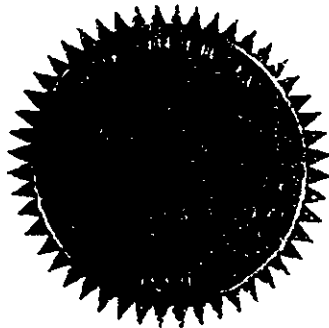
Certificate of Incorporation Business Corporation

ORGANIZATIONAL ID #: DB047026

I, **Chris Nelson**, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of **DEUTSCHER CLINICS, P.C.** duly signed and verified, pursuant to the provisions of the South Dakota Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY, and by virtue of the authority vested in me by law, I hereby issue this Certificate of Incorporation and attach hereto a duplicate of the Articles of Incorporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this June 24, 2003.



Chris Nelson

Chris Nelson
Secretary of State

INCORPORATION

RECEIVED
0307323.0573
7/1/03

ARTICLES OF INCORPORATION

501.430.01.01.01

The following Articles of Incorporation are executed by the undersigned for the purpose of forming a South Dakota business corporation under Chapter 47 of the South Dakota Codified Laws:

ARTICLE I

The name of the corporation shall be Deutscher Clinics, P.

Filed this 24th day of June 2023
C. Nelson
SECRETARY OF STATE

ARTICLE II

The period of duration and existence of the corporation shall be perpetual.

ARTICLE III

The initial purposes for which this corporation is organized shall be solely for the purpose of conducting the practice of chiropractics only through persons qualified to practice chiropractics in the State of South Dakota, including all of the general powers authorized by the South Dakota Business Corporation Act and to make any investment and engage in any lawful business authorized by said Act.

ARTICLE IV

The shares to be issued by the corporation shall consist of one class only which is denominated as voting common stock. The corporation shall have authority to issue an aggregate of 1000 shares with a par value of \$100.00 per share.

ARTICLE V

This corporation will not commence business until consideration of a value of at least \$1,000.00 has been received for the issuance of its shares.

ARTICLE VI

The name of the initial registered agent of the corporation and street address of the initial registered office of the corporation is Joel Deutscher, 11 East 4th Street, Lemmon, South Dakota 57638.

ARTICLE VII

The initial Board of Directors shall consist of one director and the name and address of the person who is to serve as director until the first annual meeting of the shareholders or until their successors are elected and qualify is as follows:

dhoy7026

RECEIVED

0307323r0573
7/1/03

Sh

ARTICLES OF INCORPORATION

PAGE 2

Joel Deutscher
11 East 4th Street
Lemmon, SD 57638

Number and qualification of directors shall be as described in the By Laws adopted by the above Board of Directors or as thereafter amended in any manner provided by law.

ARTICLE VIII

The names and addresses of the incorporator is as follows:

Joel Deutscher
11 East 4th Street
Lemmon, SD 57638

ARTICLE IX

All shareholders of this corporation shall be persons duly licensed by the Board of Chiropractic Examiners of the State of South Dakota to practice chiropractic in the State of South Dakota, and who at all times own their shares in their own right, and shall be individuals who, except for illness, accident, time spent in the armed services, on vacations, and on leaves of absence not to exceed one year, are actively engaged in practice of chiropractic in the offices of the corporation.

ARTICLE X

Any shareholder who ceases to be eligible to be a shareholder pursuant to Article IX, shall dispose of all shares forthwith either to the corporation or to any person having the qualifications prescribed in Article IX.

ARTICLE XI

The President of the corporation shall be a shareholder and a director, and to the extent possible all other directors and officers shall be persons having the qualifications prescribed in Article IX. Lay directors and officers shall not exercise any authority whatsoever over professional matters.

ARTICLE XII

All shareholders of the corporation shall be jointly and severally liable for all acts, errors and omissions of the employees of the corporation except during periods of time when the

228 4467 06/22/2004

2004

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

6/16/04
RECEIVED
FILE DATE
RECEIPT NO. 1332407
JUN 14 '04
S.D. SEC. OF STATE
RECEIVED
JUN 16 '04
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



DB047026
DB047026 JUN/0000
DEUTSCHER CLINICS, P.C.
DEUTSCHER, JOEL
11 EAST 4TH STREET
LEMMON SD 57638-1524

Telephone # 605 374-5654
FAX # _____
Federal Taxes _____
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report below in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota Health Care Delivery / Chiropractic

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Joel A. Deutscher</u>	President	<u>11 E. 4th St.</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638</u>
<u>Joel A. Deutscher</u>	Vice President				
<u>Joel A. Deutscher</u>	Secretary	<u>Same</u>			
<u>Joel A. Deutscher</u>	Treasurer	<u>Same</u>			

SD law requires at least one director.

Do the above listed officers serve also as directors? YES NO If no, list directors below.

Director _____
Director _____

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized) 1000 CLASS _____ SERIES _____ PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE \$100.00

5. NUMBER OF SHARES ACTUALLY ISSUED 387 CLASS _____ SERIES _____

6. The amount of its stated capital is \$ 100 x 387 = \$38,700 (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated 5-17-04

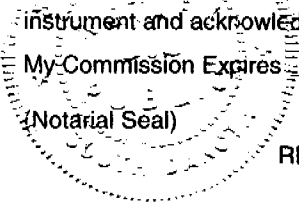
By J. A. Deutscher, D.C.
(Signature)
Its President
(Title)

STATE OF South Dakota ss
COUNTY OF Perkins

On this the 20th day of May, 2004, before me, Susan Sandgren
personally appeared Joel A. Deutscher, known to me, or proved to me,
to be the President of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 1-26-09

Susan Sandgren
Notary Public



RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.sdsos.gov

SOS CRP 07/03

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

File Date _____

Receipt No. _____

FILING FEE: \$10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____ (Signature) _____

(Title) _____

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____
personally appeared _____, known to me, or proved to me,
to be the _____ of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

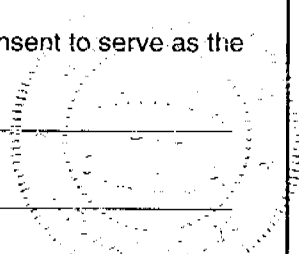
My Commission Expires _____ Notary Public _____

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ (signature) _____



**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

File Date _____
Receipt No. _____

FILING FEE: \$10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or any other officer.

Dated _____

(Signature)

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)

registered agent for _____
(corporate name)

Dated _____

(signature)

250 1860 06/30/2006

2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 06/12/06
RECEIPT NO. 1568391
RECEIVED
JUN 12 '06
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Registered Address:



DB047026
DB047026 JUN/2005
DEUTSCHER CLINICS, P.C.
DEUTSCHER, JOEL
11 EAST 4TH STREET
LEMMON SD 57638-1524

Telephone # _____
FAX # _____

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

*** ATTENTION - FILING INSTRUCTIONS ***

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The address of the principal office 11 E. 4th St. Lemmon SD 57638

3. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Joel A. Deutscher</u>	President	<u>11 E. 4th St</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638-1524</u>
_____	Vice President	_____	_____	_____	_____
<u>Joel A. Deutscher</u>	Secretary	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
<u>Joel A. Deutscher</u>	Treasurer	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>

SD law requires at least one director.

Do the above listed officers serve also as directors? YES NO _____ If no, list directors below.

Director _____

Director _____

4. Provide a brief description of the nature of the business Chiropractic - professional

5. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES 1000 CLASS SERIES

6. NUMBER OF ISSUED SHARES 387 CLASS SERIES

The statement may be signed by any authorized officer of the Corporation.

Dated 6-6-06

J. A. Deutscher D.C.
Signature

Joel A. Deutscher
Printed Name

President
Title

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

File Date _____

Receipt No. _____

~~FILING FEE: \$10 In addition to annual report fee~~

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is Deutscher Clinics, P.C.

2. The street address, or a statement that there is no street address, of its current registered office
11 E. 4th St Lemmon, SD ZIP + 4 57638

3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included.

ZIP + 4 _____

4. The name of its current registered agent is _____

5. The name of its new registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

The statement may be signed by any authorized officer of the corporation.

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)

registered agent for _____
(corporate name)

Dated _____

(signature)

2007

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 5/24/07
RECEIPT NO. 1682416

RECEIVED RECEIVED
JUN 04 2007 MAY 24 2007

S.D. SEC. OF STATE S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Registered Address:



DB047026 JUN/2006
DEUTSCHER CLINICS, P.C.
DEUTSCHER, JOEL
11 EAST 4TH STREET
LEMMON SD 57638-1524

Telephone #
FAX #

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

ATTENTION - FILING INSTRUCTIONS

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The address of the principal office

Table with 6 columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for President, Vice President, Secretary, Treasurer.

SD law requires at least one director. Do the above listed officers serve also as directors? YES NO If no, list directors below.

4. Provide a brief description of the nature of the business

Table with 3 columns: NUMBER OF AUTHORIZED SHARES, CLASS, SERIES

Table with 3 columns: NUMBER OF ISSUED SHARES, CLASS, SERIES

The statement may be signed by any authorized officer of the Corporation.

Dated 5-23-07

Signature of Joel A. Deutscher D.C.

Printed Name: Joel A. Deutscher D.C.

Title: President

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

File Date _____
Receipt No. _____

FILING FEE: \$10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The street address, or a statement that there is no street address, of its current registered office _____

ZIP + 4 _____
3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. _____

ZIP + 4 _____
4. The name of its current registered agent is _____
5. The name of its new registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

The statement may be signed by any authorized officer of the corporation.

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)
Dated _____
(signature)

2008

ANNUAL REPORT

FILE DATE 6/1/08
RECEIPT NO. 1799214

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

RECEIVED

MAY 27 2008

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Registered Address:



DB047026
DB047026 JUN/2007
DEUTSCHER CLINICS, P.C.
DEUTSCHER, JOEL
11 EAST 4TH STREET
LEMMON SD 57638-1524

Telephone # 605-374-5654
FAX #

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

***** ATTENTION - FILING INSTRUCTIONS *****

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The address of the principal office _____

3. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

SD law requires at least one director.
Do the above listed officers serve also as directors? YES ___ NO ___ If no, list directors below.
Director _____
Director _____

4. Provide a brief description of the nature of the business _____

5. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES

6. NUMBER OF ISSUED SHARES

NUMBER OF ISSUED SHARES	CLASS	SERIES

The statement may be signed by any authorized officer of the Corporation.

Dated 5-23-08

Signature J. A. Deutscher D.C.

Printed Name J. A. Deutscher D.C.

Title President

277 0788

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

File Date _____
Receipt No. _____

FILING FEE: \$10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The street address, or a statement that there is no street address, of its current registered office _____
_____ ZIP + 4 _____
3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its current registered agent is _____
5. The name of its new registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

The statement may be signed by any authorized officer of the corporation.

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____

(signature)

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number: _____

4. The address of the agent currently on file for this entity

Street Address (Required)	City	State	ZIP+4
---------------------------	------	-------	-------

Mailing Address (Optional)	City	State	ZIP+4
----------------------------	------	-------	-------

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
--	------	-------	-------

Mailing Address (Optional - Required to be a South Dakota Address)	City	State	ZIP+4
--	------	-------	-------

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

307 1663 06/22/2010

2010

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT
DOMESTIC

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATE

FILE DATE 06/21/10
RECEIVED 3011219
JUN 15 2010
S.D. SEC. OF STATE

RECEIVED
JUN 21 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB047026
DB047026 JUN/2009
DEUTSCHER CLINICS, P.C.
DEUTSCHER, JOEL
11 EAST 4TH STREET
LEMMON SD 57638-1524

Telephone # _____
FAX # _____
FILING DATE: Due during the month
the Certificate of Incorporation was
issued, and delinquent after the last
day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

11 East 4th St Lemmon SD 57638-1524
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Joel Deutscher

11 East 4th St Lemmon SD 57638-1524
Street Address (Required to be a South Dakota Address) City State ZIP+4

Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

4. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

Joel Deutscher 11 E. 4th St Lemmon SD 57638-1524
President Street Address City State ZIP+4

Vice President Street Address City State ZIP+4

Joel Deutscher 11 E. 4th St. Lemmon SD 57638-1524
Secretary Street Address City State ZIP+4

Joel Deutscher 11 E. 4th St. Lemmon SD 57638-1524
Treasurer Street Address City State ZIP+4

Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

Dated 6-14-10

Joel A. Deutscher D.C.
Joel A. Deutscher D.C.
(Signature of an authorized officer)
Joel A. Deutscher
(Printed Name)
President
(Title)

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number: _____

4. The address of the agent currently on file for this entity

Street Address (Required)	City	State	ZIP+4
---------------------------	------	-------	-------

Mailing Address (Optional)	City	State	ZIP+4
----------------------------	------	-------	-------

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
--	------	-------	-------

Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
--	------	-------	-------

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

322 3405 07/27/2011

2011

ANNUAL REPORT DOMESTIC

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATE

FILE DATE	6/13/11
RECEIPT NO	2163626
RECEIVED	
JUN 13 2011	
S.D. SEC. OF STATE	

Telephone #	_____
-------------	-------

1. Corporate Name, Registered Agent Name and Address:



DB047026
DB047026 JUN/2010
DEUTSCHER CLINICS, P.C.
DEUTSCHER, JOEL
11 EAST 4TH STREET
LEMMON SD 57638-1524

2. The jurisdiction under whose law it is formed South Dakota

3. The address of the principal executive office in or out of the State of South Dakota.

11 E 4th St Lemmon SD 57638-1524
Street Address City State ZIP+4

Mailing Address City State ZIP+4

Email Address

4. The name of the South Dakota Registered Agent Joel Deutscher

11 E 4th St Lemmon SD 57638-1524
Street Address or Rural Route Box Number in This State and City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

Email Address

5. The names and addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

Joel Deutscher
President Street Address City State ZIP+4

Vice President Street Address City State ZIP+4

Joel Deutscher 11 E 4th St Lemmon SD 57638-1524
Secretary Street Address City State ZIP+4

Joel Deutscher 11 E 4th St Lemmon SD 57638-1524
Treasurer Street Address City State ZIP+4

Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated 6-13-11

Email _____

Joel A. Deutscher D.C.
(Signature of an Authorized Person)

Joel A. Deutscher D.C.
(Printed Name)

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

2. The name of the registered agent on file _____
(Old Registered Agent)

The name of the successor registered agent _____
(New Registered Agent)

3. If listing a Commercial Registered Agent, please state their identification number _____

4. The address of the agent currently on file for this entity (Old Registered Agent Address)

Street Address (Required) City State ZIP+4

Mailing Address City State ZIP+4

5. If the address has changed, list the new registered agent address

Street Address or Rural Route Box Number in This State and City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

Email Address _____

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated _____

(Signature of an Authorized Person)

Email _____

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

FILE 9/21/2012

RECEIPT NO 64843

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

DOMESTIC

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

1. Corporate ID and Name:
DB047026
DEUTSCHER CLINICS, P.C.
11 E 4TH ST
LEMMON, SD 57638-1524

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

11 E 4TH ST LEMMON SD 57638-1524
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOEL DEUTSCHER

11 EAST 4TH STREET LEMMON SD 57638-1524
Street Address or Rural Route Box Number in This State and City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

5. The names and addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

Table with 5 columns: Role, Name, Street Address, City, State, ZIP+4. Includes entries for President (JOEL A DEUTSCHER), Vice President, Secretary, Treasurer, and Director.

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Date 09/21/2012

Signature Accepted Electronically
(Signature of an Authorized Person)
JOEL A DEUTSCHER
(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

DOMESTIC

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

FILE 6/13/2013

RECEIPT NO 122567

1. Corporate ID and Name:

DB047026
DEUTSCHER CLINICS, P.C.
11 E 4TH ST
LEMMON, SD 57638-1524

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

11 E 4TH ST	LEMMON	SD	57638-1524
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
-----------------	------	-------	-------

4. The name of the South Dakota Registered Agent

Agent Name: JOEL DEUTSCHER

11 EAST 4TH STREET	LEMMON	SD	57638-1524
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
---	------	-------	-------

5. The names and addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	JOEL A DEUTSCHER	11 E 4TH ST	LEMMON	SD	57638
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Date 06/13/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

CAROL A DEUTSCHER

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

DOMESTIC

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

FILE DATE 6/3/2014

RECEIPT NO 206374

1. Corporate ID and Name:

DB047026
DEUTSCHER CLINICS, P.C.
11 E 4TH ST
LEMMON, SD 57638-1524

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

11 E 4TH ST	LEMMON	SD	57638-1524
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOEL DEUTSCHER

11 EAST 4TH STREET	LEMMON	SD	57638-1524
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	JOEL A DEUTSCHER	11 E 4TH ST	LEMMON	SD	57638
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Dated 06/03/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

JOEL A DEUTSCHER

(Printed Name)

2015 Enter Filing Year

ANNUAL REPORT

FILE DATE 6/16/2015
RECEIPT NO 310922

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

DOMESTIC

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

1. Corporate ID and Name:
DB047026
DEUTSCHER CLINICS, P.C.
11 E 4TH ST
LEMMON, SD 57638-1524

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

11 E 4TH ST LEMMON SD 57638-1524
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOEL DEUTSCHER

11 EAST 4TH STREET LEMMON SD 57638-1524
Street Address or Rural Route Box Number in This State and City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

5. The names and addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	JOEL A DEUTSCHER	11 E 4TH ST	LEMMON	SD	57638
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Dated 06/16/2015

Signature Accepted Electronically
(Signature of an Authorized Person)
CAROL A DEUTSCHER
(Printed Name)

2016

ANNUAL REPORT

FILE DATE 6/22/2016

Enter Filing Year

DOMESTIC CORPORATION

RECEIPT NO 428972

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

1. Corporate ID and Name:

DB047026

Enter Corporate ID

DEUTSCHER CLINICS, P.C.

Enter Corporate Name

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

11 E 4TH ST LEMMON SD 57638-1524
Actual Street Address or Rural Route Box Number City State ZIP+4

Mailing Address, if Different from Street Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOEL DEUTSCHER

11 EAST 4TH STREET LEMMON SD 57638-1524
Actual Street Address or Rural Route Box Number in This State City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.

[X] JOEL A DEUTSCHER 11 E 4TH ST LEMMON SD 57638
President Actual Street Address City State ZIP+4

[] Vice President Actual Street Address City State ZIP+4

[] Secretary Actual Street Address City State ZIP+4

[] Treasurer Actual Street Address City State ZIP+4

[] Director Actual Street Address City State ZIP+4



Director

Actual Street Address

City

State

ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

JOEL A DEUTSCHER

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically.
A fee of up to \$40 will be assessed for returned payments.

6/22/2016 1:07:19 PM