

0308324.0635  
8/6/03

Receipt Number: 1232127

File Number DB047177



ARTICLES\_OF\_INCORPORATION

For

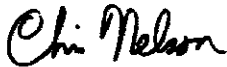
R.L.B., M.D., P.C.

Filed at the request of:

RICK A RIBSTEIN  
MCCANN RIBSTEIN HOGAN & MCCARTY PC  
317 SIXTH AVENUE  
PO BOX 78  
BROOKINGS SD 57006

*State of South Dakota*  
*Office of the Secretary of State*

Filed in the office of the Secretary of State on: Thursday, July 31, 2003



Secretary of State

Fee Received: \$100.00

876703

# State of South Dakota



**OFFICE OF THE SECRETARY OF STATE**

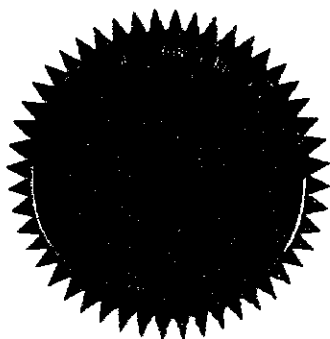
## **Certificate of Incorporation Business Corporation**

**ORGANIZATIONAL ID #: DB047177**

I, **Chris Nelson**, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of **R.L.B., M.D., 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 July 31, 2003.



*Chris Nelson*

**Chris Nelson  
Secretary of State**

RECEIVED,  
JUL 31 '03  
S.D. SEC. OF STATE

0308324.0635  
816113

ARTICLES OF INCORPORATION  
OF  
R.L.B., M.D., P.C.

Filed 11/5  
3/14  
July  
2003

The undersigned being a natural person of the age of majority, does hereby act as incorporator in adopting the following Articles of Incorporation for purpose of organizing a business corporation pursuant to the provisions of the South Dakota Business Corporation Act.

FIRST: The name of the corporation (hereinafter called the "corporation") is R.L.B., M.D., P.C..

SECOND: The duration of the corporation shall be perpetual.

THIRD: The purposes for which the corporation is organized are as follows:

To engage in the business of providing medical services to patients and furthermore any and all other legitimate purposes allowed under the laws of the State of South Dakota.

FOURTH: The aggregate number of shares which the corporation shall have authority to issue is 25,000 par value \$1.00 per share.

FIFTH: The shares are to be divided into the following classes, the designations of each class and a statement of the preferences, limitations and relative rights in respect of the shares of each class are: Common.

SIXTH: Provisions concerning issuance of preferred or special classes of shares are: None.

SEVENTH: The corporation will not commence business until consideration of the value of at least one thousand dollars (\$1,000.00) has been received for the issuance of shares.

EIGHTH: Provisions granting preemptive rights are: None.

NINTH: Provisions for the regulation of the internal affairs of the corporation are: None.

DB 47177

0308324.0635  
8/6/03

**TENTH:** The street address of the registered office of the corporation in the State of South Dakota is 3910 Forrestpark Circle, Rapid City, South Dakota 57702; and the name of the registered agent of the corporation at such address is Richard L. Beasley.

**ELEVENTH:** The number of directors constituting the initial Board of Directors of the corporation is 1.

The name and address of each person who is to serve as a director of the corporation until the first annual meeting of shareholders or until his successor be elected and qualify, are as follows:

<u>Name</u>	<u>Address</u>
Richard L. Beasley	3910 Forrestpark Circle, Rapid City, SD 57702

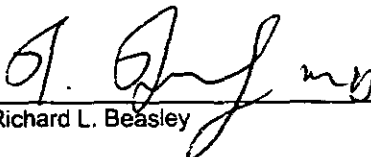
**TWELETH:** The name and the address of the incorporator are as follows:

<u>Name</u>	<u>Address</u>
Richard L. Beasley	3910 Forrestpark Circle, Rapid City, SD 57702

**THIRTEENTH:** The personal liability of the directors of the corporation is hereby eliminated to the fullest extent permitted by the provisions of the South Dakota Business Corporation Act, as the same may be amended and supplemented.

**FOURTEENTH:** The corporation shall, to the fullest extent permitted by the provisions of the South Dakota Business Corporation Act, as the same may be amended and supplemented, indemnify any and all persons whom it shall have power to indemnify under said provisions from and against any and all of the expense, liabilities or other matters referred to in or covered by said provisions and the indemnification provided for herein shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any Bylaw or resolution adopted by the shareholders entitled to vote thereon after notice, both as to action in his official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to be a director or officer, and shall inure to the benefit of the heirs, executors and administrators of such a person.

Dated this 24 day of July, 2003.

  
Richard L. Beasley







240 0207 08/11/2005

# 2005

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 07/29/05  
RECEIPT NO. 14625 95  
**RECEIVED**  
JUL 29 2005  
S.D. SEC. OF STATE

**RECEIVED**  
JUL 29 2005  
S.D. SEC. OF STATE

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



DB047177 JUL/2004  
R.L.B., M.D., P.C.  
BEASLEY, RICHARD L  
1600 MOUNTAINVIEW RD  
RAPID CITY SD 57702-4381

Telephone # (605) 348-4141  
FAX # (605) 342-7880

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 1600 Mountainview Road, Suite 108, Rapid City SD 57702

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Richard Beasley</u>	<u>President</u>	<u>1600 Mt. View Rd, Suite 108</u>	<u>Rapid City</u>	<u>SD</u>	<u>57702</u>
_____	<u>Vice President</u>	_____	_____	_____	_____
_____	<u>Secretary</u>	_____	_____	_____	_____
_____	<u>Treasurer</u>	_____	_____	_____	_____

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

SD law requires at least one director.

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

Director Dr. Richard Beasley  
Director \_\_\_\_\_

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

NUMBER OF AUTHORIZED SHARES 25,000 CLASS \_\_\_\_\_ SERIES \_\_\_\_\_

6. NUMBER OF ISSUED AND OUTSTANDING SHARES 1,000 CLASS \_\_\_\_\_ SERIES \_\_\_\_\_

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

Dated 6-21-05

[Signature]  
Signature

Richard Beasley  
Printed Name

President  
Title

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

SOS CRP 07/05

**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)

2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 07/14/06
RECEIPT NO. 1574962

RECEIVED

JUL 14 '06

S.D. SEC. OF STATE

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



DB047177 JUL/2005
R.L.B., M.D., P.C.
BEASLEY, RICHARD L
1600 MOUNTAINVIEW RD
RAPID CITY SD 57702-4381

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

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 CLASS SERIES

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

Dated 6-19-06

Signature [Handwritten Signature]

Printed Name Richard Beasley

Title President

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 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)



**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)

278 3735 07/28/2008

2008

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: \$30** Make check payable to SECRETARY OF STATE

FILE DATE	<u>7/21/08</u>
RECEIPT NO	<u>1816593</u>
<b>RECEIVED</b>	
JUL <sup>21</sup> 18 2008	
S.D. SEC. OF STATE	

1. Corporate Name, Registered Agent Name and Address:



\*DB047177\*  
DB047177 JUL/2007  
R.L.B., M.D., P.C.  
BEASLEY, RICHARD L  
1600 MOUNTAINVIEW RD  
RAPID CITY SD 57702-4381

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.

~~4234 Twin Peak Lane~~ Rapid City SD 57702  
 Street Address City State ZIP+4  
1600 Mountainview Road  
 Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Dr. Richard Beasley  
1600 Mountainview Road Rapid City SD 57702  
 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.

- Dr. Richard Beasley 4234 Twin Peak Lane Rapid City SD 57702  
 President Street Address City State ZIP+4
- \_\_\_\_\_  
 Vice President Street Address City State ZIP+4
- \_\_\_\_\_  
 Secretary Street Address City State ZIP+4
- \_\_\_\_\_  
 Treasurer Street Address City State ZIP+4
- \_\_\_\_\_  
 Director Street Address City State ZIP+4
- \_\_\_\_\_  
 Director Street Address City State ZIP+4

Dated 17 July 2008

[Signature]  
 (Signature of an authorized officer)  
Richard Beasley  
 (Printed Name)  
President, M.D.  
 (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
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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)

2009

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 08/26/09
RECEIPT NO 1939089
RECEIVED RECEIVED
AUG 06 2009 JUL 20 2009
S.D. SEC. OF STATE S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB047177 JUL/2008
R.L.B., M.D., P.C.
BEASLEY, RICHARD L
1600 MOUNTAINVIEW RD
RAPID CITY SD 57702-4381

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.

5410 Sheridan Lake Road Rapid City SD 57702
Street Address City State ZIP+4

same
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Richard Beasley

5410 Sheridan Lake Road Rapid City SD 57702
Street Address (Required to be a South Dakota Address) City State ZIP+4

same
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.

- Richard Beasley 5410 Sheridan Lake Rapid City, SD 57702
President Street Address City State ZIP+4
Vice President Street Address City State ZIP+4
Secretary Street Address City State ZIP+4
Treasurer Street Address City State ZIP+4
Director Street Address City State ZIP+4
Director Street Address City State ZIP+4

Dated 7-7-2009

Richard Beasley
(Signature of an authorized officer)
Richard Beasley
(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 RLB MD P.C.

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

1600 Mountain View Suite 108 Rapid City SD 57702  
Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

5410 Sheridan Lake Rd Rapid City SD 57702  
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 04 Aug 2009

  
(Signature of an authorized officer)

Richard L. Beasley  
(Printed Name)

\_\_\_\_\_  
(Title)

2010

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 07/29/10
RECEIPT NO 2053235

1. Corporate Name, Registered Agent Name and Address:

RECEIVED JUL 29 2010
RECEIVED JUL 21 2010
S.D. SEC. OF STATE



DB047177 JUL/2009
R.L.B., M.D., P.C.
BEASLEY, RICHARD L
5410 SHERIDAN LAKE RD
RAPID CITY SD 57702

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 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.

5410 Sheridan Lake Rapid City SD 57702
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Richard Beasley

5410 Sheridan Lake Rd
4234 Twin Peak Lane Rapid City SD 57702
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

5. 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.

- Richard Beasley 4234 Twin Peak Lane Rapid City SD 57702 President
Lynn Beasley 4234 Twin Peak Lane Rapid City SD 57702 Vice President
Jill Jensen 5410 Sheridan Lake Rapid City SD 57702 Secretary

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

Dated 12 Jul 2010

(Signature of an Authorized Person)
Richard L. Beasley
(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 \_\_\_\_\_

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.

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)

\_\_\_\_\_  
(Printed Name)

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

2010

# ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE	12/07/10
RECEIPT NO	
<b>RECEIVED</b>	
<b>DEC 07 2010</b>	
<b>S.D. SEC. OF STATE</b>	

1. Corporate ID and Name:

Amended 2010 Annual Report

DBO47177 Jul/2009  
R.L.B., M.D., P.C.  
BEASLEY, RICHARD L.  
5410 SHERIDAN LAKE RD  
RAPID CITY, SD 57702

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 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.

5410 Sheridan Lake Road	Rapid City	SD	57702
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent Richard L. Beasley

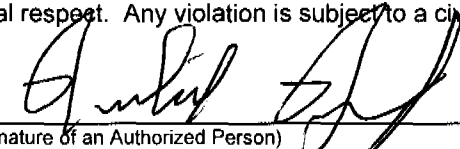
5410 Sheridan Lake Road	Rapid City	SD	57702
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
Mailing Address (Optional - Required to be a South Dakota Address)	City	State	ZIP+4

5. 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.

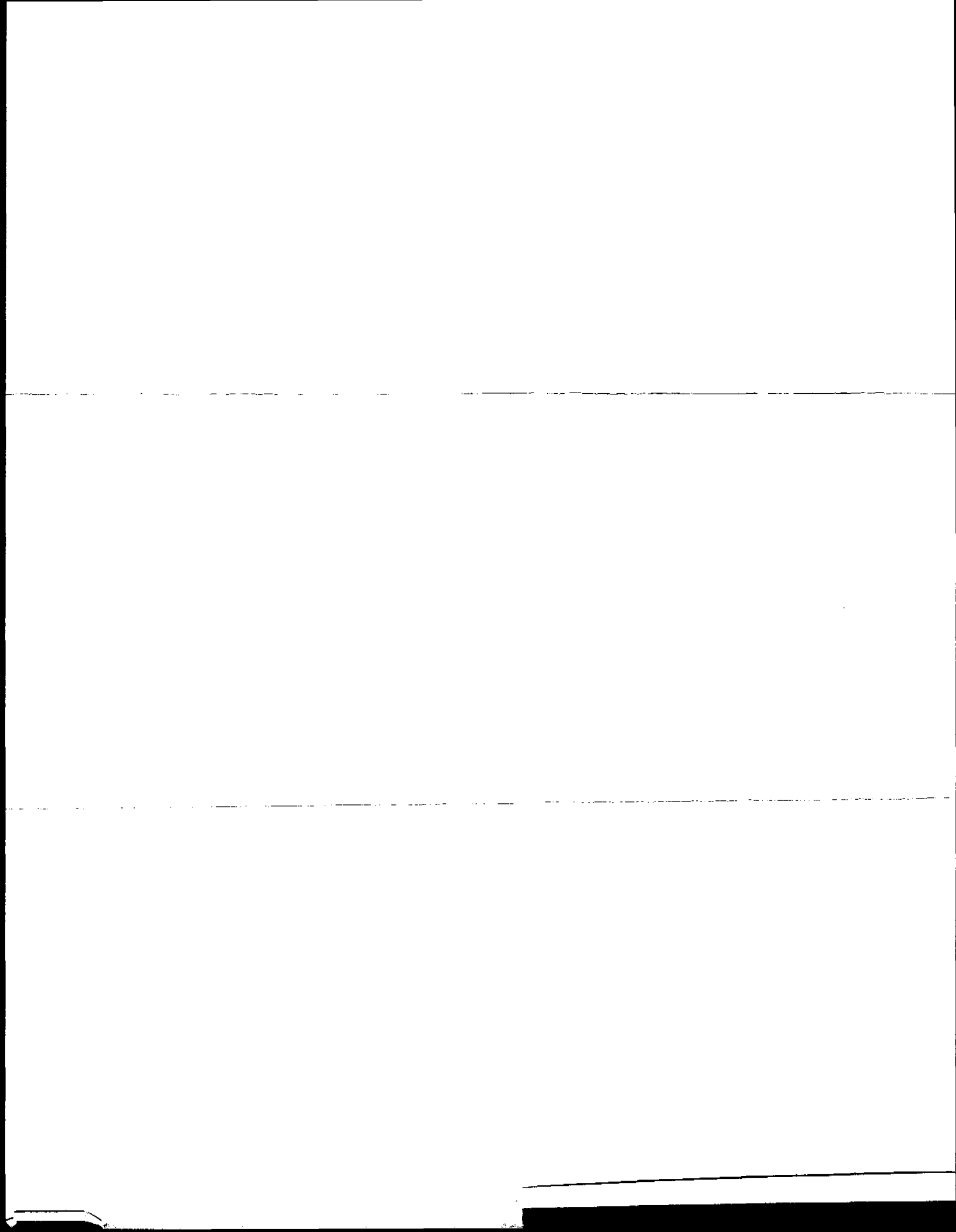
<input checked="" type="checkbox"/>	Richard L. Beasley	4234 Twin Peak Lane	Rapid City	SD	57702
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Richard L. Beasley	4234 Twin Peak Lane	Rapid City	SD	57702
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Richard L. Beasley	4234 Twin Peak Lane	Rapid City	SD	57702
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Richard L. Beasley	4234 Twin Peak Lane	Rapid City	SD	57702
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Richard L. Beasley	4234 Twin Peak Lane	Rapid City	SD	57702
	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 respect. Any violation is subject to a civil penalty.

Dated 02 Dec 2010

  
 \_\_\_\_\_  
 (Signature of an Authorized Person)  
 Richard L. Beasley Richard L. Beasley  
 (Printed Name)

313 2034



323 3107 08/01/2011

2011

Enter Filing Year

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

# ANNUAL REPORT DOMESTIC

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FILE DATE 5/27/11  
RECEIPT NO. 21223  
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**S.D. SEC. OF STATE**

Telephone # \_\_\_\_\_

1. Corporate ID and Name:

DB047177  
R.L.B., M.D., P.C.  
5410 SHERIDAN LAKE RD  
RAPID CITY SD 57702

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

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

5410 Sheridan Lake Rd	Rapid City	SD	57702
Street Address	City	State	ZIP+4
_____			
Mailing Address	City	State	ZIP+4
_____			
Email Address _____			

4. The name of the South Dakota Registered Agent Richard Beasley

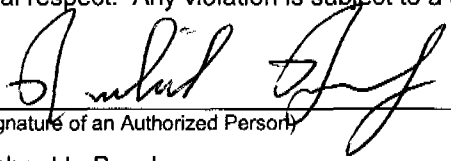
5410 Sheridan Lake Rd	Rapid City	SD	57702
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
_____			
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
_____			
Email Address _____			

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.

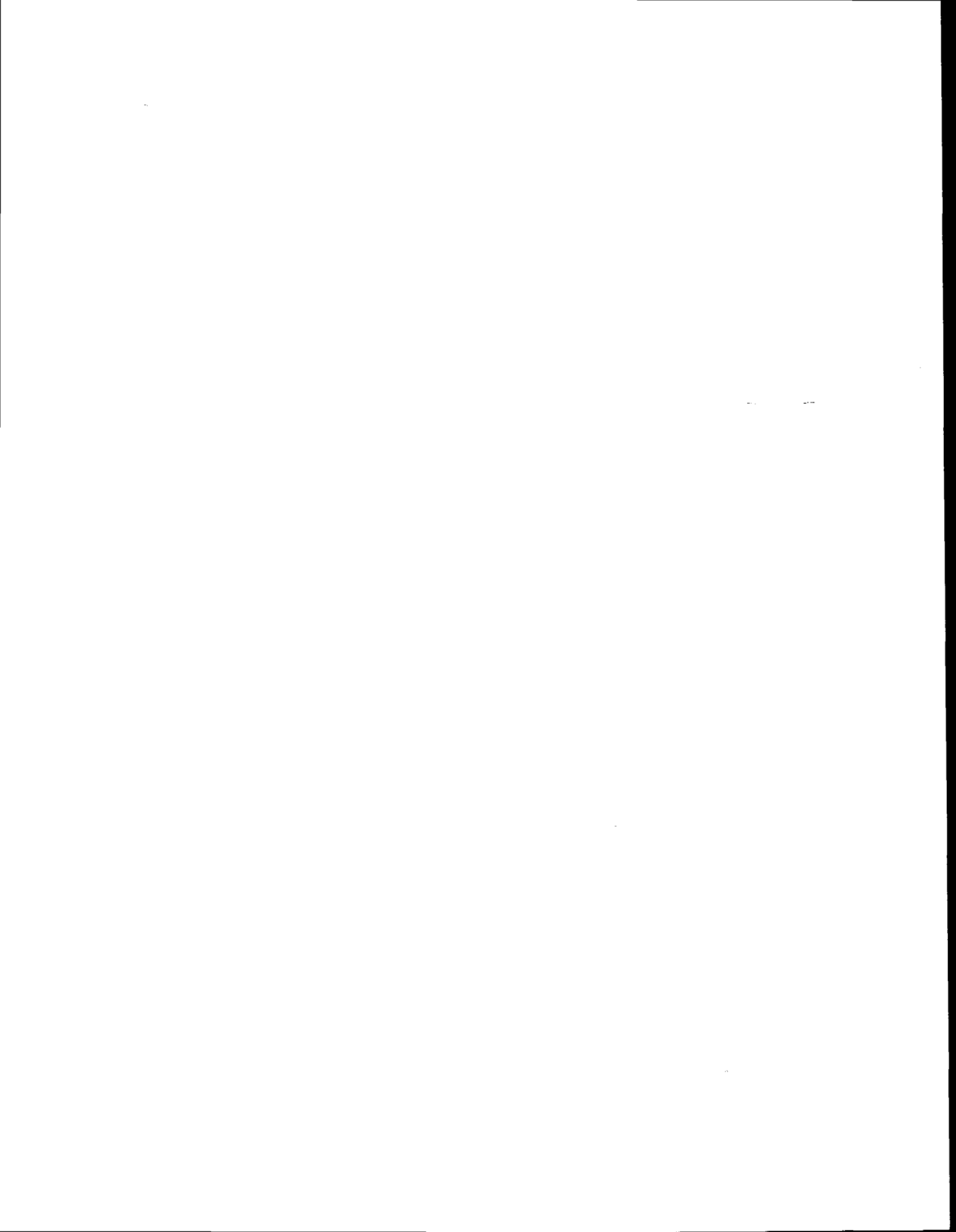
<input checked="" type="checkbox"/>	Richard Beasley	4234 Twin Peak Lane	Rapid City	SD	57702
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Lynn Beasley	4234 Twin Peak Lane	Rapid City	SD	57702
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Jill Jensen	5410 Sheridan Lake	Rapid City	SD	57702
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>				SD	
	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 respect. Any violation is subject to a civil penalty.

Dated 17 May 2011

  
 \_\_\_\_\_  
 (Signature of an Authorized Person)  
 Richard L. Beasley  
 \_\_\_\_\_  
 (Printed Name)

Email jjensen@rchealthconcepts.com



2012

Enter Filing Year

## ANNUAL REPORT

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

## DOMESTIC

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FILE 7/12/2012

RECEIPT NO 51876

## 1. Corporate ID and Name:

DB047177  
R.L.B., M.D., P.C.  
5410 SHERIDAN LAKE RD  
RAPID CITY, SD 57702

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

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

5410 SHERIDAN LAKE RD	RAPID CITY	SD	57702
Street Address	City	State	ZIP+4

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

## 4. The name of the South Dakota Registered Agent

Agent Name: RICHARD L BEASLEY

5410 SHERIDAN LAKE RD	RAPID CITY	SD	57702
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"/>	RICHARD L BEASLEY	4234 TWIN PEAK LANE	RAPID CITY	SD	57702
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	LYNN M BEASLEY	4234 TWIN PEAK LANE	RAPID CITY	SD	57702
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	JILL R JENSEN	7350 PINON JAY CIR	RAPID CITY	SD	57702
	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 07/12/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

RICHARD L BEASLEY

(Printed Name)

2013

Enter Filing Year

## ANNUAL REPORT

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

## DOMESTIC

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FILE 5/2/2013

RECEIPT NO 113862

## 1. Corporate ID and Name:

DB047177  
R.L.B., M.D., P.C.  
5410 SHERIDAN LAKE RD  
RAPID CITY, SD 57702

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

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

5410 SHERIDAN LAKE RD	RAPID CITY	SD	57702
Street Address	City	State	ZIP+4

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

## 4. The name of the South Dakota Registered Agent

Agent Name: RICHARD L BEASLEY

5410 SHERIDAN LAKE RD	RAPID CITY	SD	57702
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"/>	RICHARD L BEASLEY	4234 TWIN PEAK LANE	RAPID CITY	SD	57702
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	LYNN M BEASLEY	4234 TWIN PEAK LANE	RAPID CITY	SD	57702
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	JILL R JENSEN	7350 PINON JAY CIR	RAPID CITY	SD	57702
	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 05/02/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

JILL R JENSEN

(Printed Name)

2014

Enter Filing Year

## ANNUAL REPORT

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

## DOMESTIC

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FILE DATE 5/13/2014

RECEIPT NO 200732

## 1. Corporate ID and Name:

DB047177  
R.L.B., M.D., P.C.  
5410 SHERIDAN LAKE RD  
RAPID CITY, SD 57702

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

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

5410 SHERIDAN LAKE RD	RAPID CITY	SD	57702
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4

## 4. The name of the South Dakota Registered Agent

Agent Name: RICHARD L BEASLEY

5410 SHERIDAN LAKE RD	RAPID CITY	SD	57702
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"/>	RICHARD L BEASLEY	4234 TWIN PEAK LANE	RAPID CITY	SD	57702
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	LYNN M BEASLEY	4234 TWIN PEAK LANE	RAPID CITY	SD	57702
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	JILL R JENSEN	7350 PINON JAY CIR	RAPID CITY	SD	57702
	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

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Dated 05/13/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

JILL R JENSEN

(Printed Name)

2015

Enter Filing Year

## ANNUAL REPORT

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

## DOMESTIC

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FILE DATE 5/5/2015

RECEIPT NO 299563

## 1. Corporate ID and Name:

DB047177  
R.L.B., M.D., P.C.  
5410 SHERIDAN LAKE RD  
RAPID CITY, SD 57702

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

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

5410 SHERIDAN LAKE RD	RAPID CITY	SD	57702
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4

## 4. The name of the South Dakota Registered Agent

Agent Name: RICHARD L BEASLEY

5410 SHERIDAN LAKE RD	RAPID CITY	SD	57702
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"/>	RICHARD L BEASLEY	4234 TWIN PEAK LANE	RAPID CITY	SD	57702
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	LYNN M BEASLEY	4234 TWIN PEAK LANE	RAPID CITY	SD	57702
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	JILL R JENSEN	7350 PINON JAY CIR	RAPID CITY	SD	57702
	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 05/05/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

JILL R JENSEN

(Printed Name)

2016

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

ANNUAL REPORT  
 DOMESTIC CORPORATION

SDCL 59-11-24, 24.1

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

FILE DATE 5/17/2016

RECEIPT NO 416936

## 1. Corporate ID and Name:

DB047177

Enter Corporate ID

R.L.B., M.D., 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).

5410 SHERIDAN LAKE RD RAPID CITY SD 57702

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: RICHARD L BEASLEY

5410 SHERIDAN LAKE RD RAPID CITY SD 57702

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.

<input checked="" type="checkbox"/>	RICHARD L BEASLEY	4234 TWIN PEAK LANE	RAPID CITY	SD	57702
	President	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	LYNN M BEASLEY	4234 TWIN PEAK LANE	RAPID CITY	SD	57702
	Vice President	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	JILL R JENSEN	7350 PINON JAY CIR	RAPID CITY	SD	57702
	Secretary	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>					
	Treasurer	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>					
	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)

JILL R JENSEN

(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.

5/17/2016 11:51:12 AM