

**Renewal Application for 2024  
Medical Corporation and Medical LLC/  
Physician Assistant Corporation and Physician Assistant LLC**

- **If NO changes since the last renewal, ONLY complete sections 1, 4 and 5 and scan back.**
- **If there have been changes, complete the form in its entirety to update the information and then scan back:**

<b>1. Name and Contact Person</b>	
Name	_____
Specialty or emphasis of practice	_____
Contact Person	_____

<b>2. Address/Phone</b>	
Street	_____
City	_____ State/Province _____ ZIP Code _____
Telephone	_____ Email: _____

<b>3. The Names and Addresses of the Shareholders of the Medical Corporation or the Members of the LLC are:</b> (use additional sheet if necessary)				
Name	Street Address	City	State	ZIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<b>4. I hear by attest that the corporation is in good standing with the Secretary of State and this renewal application has been completed to the best of my knowledge and ability: <input type="checkbox"/></b>
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<b>5. AFTER scanning the form back, call the Board office at 605-367-7781 to provide credit card information for the \$100 renewal fee. The form MUST be received prior to payment.</b>
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Scan and email this form to [sdbmoe@state.sd.us](mailto:sdbmoe@state.sd.us) prior to providing payment information.

The application form and payment are required to complete the renewal process.

The renewal must be completed no later than 11:59pm on the expiration of the registration to remain in an active status.