

**Renewal Application for 2022
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:**

1. Name and Contact Person

Name _____

Specialty or emphasis of practice _____

Contact Person _____

2. Address/Phone

Street _____

City _____ State/Province _____ ZIP Code _____

Telephone _____ Email: _____

3. The Names and Addresses of the Shareholders of the Medical Corporation or the Members of the LLC are:
(use additional sheet if necessary)

Name	Street Address	City	State	ZIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: ☐

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.

Scan and email this form to 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.