

**Renewal Application for 2023
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: <input type="checkbox"/> |
|---|

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| 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. |
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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.