2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#762438

FILED Apr 22, 2010 Secretary of State

Entity Name: MAYO CLINIC FLORIDA (A NON PROFIT CORPORATION)

Current Principal Place of Business: New Principal Place of Business:

4500 SAN PABLO ROAD JACKSONVILLE, FL 32224

Current Mailing Address: New Mailing Address:

4500 SAN PABLO ROAD JACKSONVILLE, FL 32224

FEI Number: 59-0714831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NELSON, STEPHEN P ESQ. 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: CD

Name: RUPP, WILLIAM C M.D.
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: VCD

Name: LANGE, STEPHEN M MD Address: 4500 SAN PABLO ROAD City-St-Zip: JACKSONVILLE, FL 32224

Title: SD

 Name:
 BRIGHAM, ROBERT F

 Address:
 4500 SAN PABLO ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32224

Title: ASTD

 Name:
 HOFFMAN, MARY J

 Address:
 4500 SAN PABLO RD.

 City-St-Zip:
 JACKSONVILLE, FL 32224

Title: ASD

Name: JORGENSEN, STEVEN C Address: 4500 SAN PABLO ROAD City-St-Zip: JACKSONVILLE, FL 32224

Title: [

 Name:
 BUSKIRK, STEVEN J MD

 Address:
 4500 SAN PABLO ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32224

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT F. BRIGHAM SD 04/22/2010

762438

Mayo Clinic Florida (A Non Profit Corporation)

Document Number: 762438

Filing Date: 4/22/2010

Additional Directors:

Thomas A. Gonwa, MD 4500 San Pablo Road Jacksonville, FL 32224 Director

Debra A. Hernke, RN 4500 San Pablo Road Jacksonville, FL 32224

Director

Nancy W. Jensen 4500 San Pablo Road Jacksonville, FL 32224 Director

Jack P. Leventhal, MD 4500 San Pablo Road Jacksonville, FL 32224

Director

Hilary G. Mathews 4500 San Pablo Road Jacksonville, FL 32224 Director

Mary O'Connor, MD 4500 San Pablo Road Jacksonville, FL 32224 Director

Clifford R. Romme 4500 San Pablo Road Jacksonville, FL 32224 Director

C. Daniel Smith, MD 4500 San Pablo Road Jacksonville, FL 32224

Director

Nicholas J. Talley, MD 4500 San Pablo Road Jacksonville, FL 32224

Director

Post-it* Fax Note 7671	Data 4/2 2/10 Pages /
To Fh. Dept. of State	From Juli Rec
Co.Depl. Annual Proort	Co. Mayo Clinic
Phone #	Phone # 904 953/636
Fax# 850 245 6017	Fax (I

Mayo Clinic Florida (A Non Profit Corporation)

<u>Document Number</u>: 762438 <u>Filing Date</u>: 2/18/2011

Additional Directors:

Steven J. Buskirk, MD 4500 San Pablo Road Jacksonville, FL 32224 Director

Nancy L. Dawson, MD 4500 San Pablo Road Jacksonville, FL 32224 Director

Kenneth R. DeVault, MD 4500 San Pablo Road Jacksonville, FL 32224

Director

Thomas A. Gonwa, MD 4500 San Pablo Road Jacksonville, FL 32224 Director

Debra A. Hemke, RN 4500 San Pablo Road Jacksonville, FL 32224

Director

Jack P. Leventhal, MD 4500 San Pablo Road Jacksonville, FL 32224 Director

Hilary G. Mathews 4500 San Pablo Road Jacksonville, FL 32224 Director

Peter M. Murray, MD 4500 San Pablo Road Jacksonville, FL 32224

Director

Mary O'Connor, MD 4500 San Pablo Road Jacksonville, FL 32224 Director

C. Daniel Smith, MD 4500 San Pablo Road Jacksonville, FL 32224

Director

Daniel L. Tomlinson 4500 San Pablo Road Jacksonville, FL 32224 Director