2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002858

Entity Name: MAYO CLINIC JACKSONVILLE (A NONPROFIT CORPORATION)

FILED
Mar 18, 2013
Secretary of State
CC6058025016

Date

Current Principal Place of Business:

4500 SAN PABLO RD. JACKSONVILLE. FL 32224

Current Mailing Address:

4500 SAN PABLO RD. JACKSONVILLE, FL 32224

FEI Number: 59-3337028 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NELSON, STEPHEN P ESQ. 4500 SAN PABLO RD. 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: STEPHEN NELSON 03/18/2013

Electronic Signature of Registered Agent

Officer/Director Detail:

Title CHAIRMAN, DIRECTOR Title VC, DIRECTOR

NameRUPP, WILLIAM C DR.NameLANGE, STEPHEN M DR.Address4500 SAN PABLO ROADAddress4500 SAN PABLO ROADCity-State-Zip:JACKSONVILLE FL 32224City-State-Zip:JACKSONVILLE FL 32224

Title SECRETARY, DIRECTOR Title ASST. SECRETARY, TREASURER,

DIRECTOR

Name BRIGHAM, ROBERT F Name HOFFMAN, MARY J

Address 4500 SAN PABLO ROAD

City-State-Zip: JACKSONVILLE FL 32224

Address 4500 SAN PABLO ROAD

City-State-Zip: JACKSONVILLE FL 32224 City-State-Zip: JACKSONVILLE FL 32224

Title ASST. SECRETARY, DIRECTOR Title DIRECTOR

NameMATHEWS, HILARYNameBROTT, THOMAS G DR.Address4500 SAN PABLO ROADAddress4500 SAN PABLO ROADCity-State-Zip:JACKSONVILLE FL 32224City-State-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: MARY HOFFMAN

CHAIR FINANCIAL SERVICES

03/18/2013