

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000000295

Entity Name: MAYO CLINIC ARIZONA CORPORATION**Current Principal Place of Business:**13400 EAST SHEA BLVD
SCOTTSDALE, AZ 85259**Current Mailing Address:**13400 EAST SHEA BLVD
SCOTTSDALE, AZ 85259 US**FEI Number:** 86-0800150**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, SALLY ANNE
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

Officer/Director Detail :

Title S, DIRECTOR
Name MENKOSKY, PAULA E
Address 13400 EAST SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85259

Title ASST. SECRETARY, DIRECTOR
Name GLENN, SEAN W
Address 13400 EAST SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85259

Title D
Name CHAPITAL, ALYSSA B MD
Address 13400 EAST SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85259

Title D
Name JELINEK, DIANE F PHD
Address 13400 EAST SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85259

Title ASST. SECRETARY, DIRECTOR
Name ADLEMAN, BREEANN M
Address 13400 EAST SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85259

Title VICE CHAIR, D
Name ANDREWS, PAUL E MD
Address 13400 EAST SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85259

Title D
Name HARA, AMY K MD
Address 13400 EAST SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85259

Title ASST. SECRETARY
Name GALINDEZ, PETER
Address 13400 EAST SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85259

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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: PAULA E. MENKOSKY**SECRETARY****01/12/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CAVINESS, JOHN N.
Address 13400 E. SHEA BOULEVARD
City-State-Zip: SCOTTSDALE AZ 85259

Title DIRECTOR
Name CHONG, BRIAN W MD
Address 13400 EAST SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85259

Title DIRECTOR
Name RIMSZA, LISA M DR.
Address 13400 EAST SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85259

Title DIRECTOR
Name FONSECA , RAFAEL
Address 13400 EAST SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85259

Title DIRECTOR
Name MURPHY, MARIALENA
Address 13400 EAST SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85259

Title CEO, CHAIRMAN, DIRECTOR
Name GRAY, RICHARD J MD
Address 13400 EAST SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85259

Title DIRECTOR
Name NOE, KATHERINE H PHD
Address 13400 EAST SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85259

Title DIRECTOR, TREASURER
Name VIRAMONTES, ALLISON L
Address 13400 EAST SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85259

Title DIRECTOR
Name LAL , DEVYANI
Address 13400 EAST SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85259