

**2019 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 INTERIM CEO AND CHAIR, VCVF/D  
Name KRAHN, LOIS E MD  
Address 13400 EAST SHEA BLVD  
City-State-Zip: SCOTTSDALE AZ 85259

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

Title T/D  
Name FROISLAND, JEFFREY R  
Address 13400 EAST SHEA BLVD  
City-State-Zip: SCOTTSDALE AZ 85259

Title ASTS/D  
Name ADELMAN, BREEANN M  
Address 13400 EAST SHEA BLVD  
City-State-Zip: SCOTTSDALE AZ 85259

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

Title D  
Name FONSECA, RAFAEL MD  
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 MENKOSKY**SECRETARY****04/26/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title D  
Name LEIGHTON, JONATHAN A MD  
Address 13400 EAST SHEA BLVD  
City-State-Zip: SCOTTSDALE AZ 85259

Title D  
Name ZIMMERMAN, RICHARD S 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

Title DIRECTOR  
Name CAVINESS, JOHN N.  
Address 13400 E. SHEA BOULEVARD  
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 D  
Name STONE, WILLIAM M MD  
Address 13400 EAST SHEA BLVD  
City-State-Zip: SCOTTSDALE AZ 85259

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

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

Title DIRECTOR  
Name TRAUB, STEPHEN J.  
Address 13400 E. SHEA BOULEVARD  
City-State-Zip: SCOTTSDALE AZ 85259