2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State
04-23-2008 90041 034 ****70.00

DOCUMENT # 762438

1. Entity Name
MAYO CLINIC FLORIDA (A NON PROFIT CORPORATION)

Principal Place of Business	Mailing Address
4201 BELFORT ROAD JACKSONVILLE, FL 32216-2898 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	4201 BELFORT ROAD JACKSONVILLE, FL 32216-2898 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4500 SAN PABLO ROAD	4500 SAN PABLO ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32224 Country: U.S.A.	Zip: 32224 Country: U.S.A.

04142008 Chg-NP CR2E037 (12/06)

4. FEI Number: 59-0714831 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NELSON, STEPHEN P ESQ. 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

*see attached Cont.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOFFMAN, MARY 4201 BELFORT RD JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASTD Hoffman, Mary 4500 San Pablo Road Jacksonville, FL 32224 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BARTLEY, GEORGE B MD 4500 SAN PABLO ROAD JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Bartley, George B, MD 4500 San Pablo Road Jacksonville, FL 32224 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCSD MATHEWS, HILARY 4201 BELFORT RD. JACKSONVILLE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD Leventhal, Jack P, MD 4500 San Pablo Road Jacksonville, FL 32224 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTERS, ROBERT M 4500 SAN PABLO RD. JACKSONVILLE, FL 32224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Brigham, Robert F. 4500 San Pablo Road Jacksonville, FL 32224 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARMON, IRA MD 4201 BELFORT RD JACKSONVILLE, FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bolling, James P. MD. 4500 San Pablo Road Jacksonville, FL 32224 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUHLMAN, PETER MD 4201 BELFORT RD JACKSONVILLE, FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Buskirk, Steven J, M.D. 4500 San Pablo Road Jacksonville, FL 32224 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert F Brigham 4/17/08 (904) 953-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 40078617
#762438

2008 ANNUAL REPORT
MAYO CLINIC FLORIDA

 # 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 - CONTINUED

Additions

AS – Assistant Secretary
Jorgensen, Steven C.
4500 San Pablo Road
Jacksonville, FL 32224

D – Director
Lange, Stephen M., M.D.
4500 San Pablo Road
Jacksonville, FL 32224

D - Director
O'Connor, Mary I., M.D.
4500 San Pablo Road
Jacksonville, FL 32224

D - Director
Smallridge, Robert C., M.D.
4500 San Pablo Road
Jacksonville, FL 32224

D – Director
Williams, Hugh J., M.D.
4500 San Pablo Road
Jacksonville, FL 32224