

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762438

FILED
Feb 18, 2011
Secretary of State

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

Current Principal Place of Business:

4500 SAN PABLO ROAD
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4500 SAN PABLO ROAD
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-0714831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: 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: D
Name: BROTT, THOMAS G 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: MARY HOFFMAN

ASTD

02/18/2011

Electronic Signature of Signing Officer or Director

Date