

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005636

FILED
Apr 13, 2009
Secretary of State

Entity Name: MAYO CLINIC (NONPROFIT CORPORATION)

Current Principal Place of Business:

200 FIRST STREET SW
ROCHESTER, MN 55905

New Principal Place of Business:

Current Mailing Address:

200 FIRST STREET SW
ROCHESTER, MN 55905

New Mailing Address:

FEI Number: 41-1937751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, STEPHEN
4500 SAN PABLO
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: CP () Delete
Name: CORTESE, DENIS M.D.
Address: 200 FIRST STREET SW
City-St-Zip: ROCHESTER, MN 55905

Title: VC () Delete
Name: SCHWENK, NINA M
Address: 200 FIRST STREET SW
City-St-Zip: ROCHESTER, MN 55905

Title: S () Delete
Name: OVIATT, JONATHAN J
Address: 200 FIRST STREET SW
City-St-Zip: ROCHESTER, MN 55905

Title: T () Delete
Name: HOFFMAN, HARRY
Address: 200 FIRST STREET SW
City-St-Zip: ROCHESTER, MN 55905

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change () Addition
Name: CORTESE, DENIS M.D.
Address: 200 FIRST STREET SW
City-St-Zip: ROCHESTER, MN 55905

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP () Change (X) Addition
Name: WEIS, SHIRLEY A
Address: 200 FIRST STREET SW
City-St-Zip: ROCHESTER, MN 55905

Title: DVP () Change (X) Addition
Name: FORBES, GLENN S MD
Address: 200 FIRST STREET SW
City-St-Zip: ROCHESTER, MN 55905

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JONATHAN J. OVIATT

S

04/13/2009

Electronic Signature of Signing Officer or Director

Date