F03000005636

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COVER LETTER

	Amendment Section Division of Corporations				
SUBJE	CT: Mayo Clinic				
		(Name of Corpo	oration)		
DOCU	MENT NUMBER: F030000	05636			
The end	closed withdrawal application a	nd fee are submitted	for filing.		
	return all correspondence concern to the following:	ing this			
	Teri Alcott				
(Name of Person)					
	Mayo Clinic				
(Firm/Company)					
	200 First Street SW				
		(Address)			
	Rochester, MN 55905			<u> </u>	
		(City/State and Zip	code)		
For furt	her information concerning this r	natter, please call:		ATA BA	
Teri A	Alcott	at (507	284-2990	T ARE	
	(Name of Person)	(Are	a Code & Daytime To)
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET ADI Amendment Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	ection rporations ag e Center Circle	

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

4

Mayo Clinic				
(Name of Corporation)		 		
F0300005636				
(Document Number of Corporation (if known)				
Minnesota				
(Incorporated Under Laws of	n			
This corporation is no longer transacting business or conducting aft voluntarily surrenders its authority to transact business or conduct aft. This corporation revokes the authority of its registered agent in It appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Florit The following is a current mailing address for the corporation:	ffairs in Florida. Florida to accept service on it pased on a cause of action arisin	s behalf and		
200 First Street SW	A C	!		
(Mailing Address)		m		
Rochester, MN 55905	MAH I I			
(City/ State /Zip)	OF STA			
The corporation agrees to notify the Department of State in the future				
(Signature of a director president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	01/06/2010 (Date)			
receiver or other coult appointed fiduciary, by that fiduciary)				
Jonathan J. Oviatt	Secretary			
(Typed or printed name of person signing)	(Title of person signing)			

FILING FEE \$35