

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001395

FILED
Mar 18, 2011
Secretary of State

Entity Name: MAYO CLINIC (A NON PROFIT 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: 41-6011702

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: P
Name: NOSEWORTHY, JOHN H M.D.
Address: 200 FIRST STREET SW
City-St-Zip: ROCHESTER, MN 55905

Title: V
Name: WEIS, SHIRLEY A
Address: 200 FIRST STREET SW
City-St-Zip: ROCHESTER, MN 55905

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

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

Title: V
Name: RUPP, WILLIAM C
Address: 4500 SAN PABLO
City-St-Zip: JACKSONVILLE, FL 32224

Title: V
Name: TRASTEK, VICTOR F
Address: 13400 EAST SHEA BLVD
City-St-Zip: SCOTTSDALE, AZ 85259

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: JONATHAN J. OVIATT

S

03/18/2011

Electronic Signature of Signing Officer or Director

Date