

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004102

FILED
Apr 02, 2004
Secretary of State

Entity Name: MAYO COLLABORATIVE SERVICES, INC.

Current Principal Place of Business:

200 FIRST STREET SW
ROCHESTER, MN 55905

New Principal Place of Business:

Current Mailing Address:

ATTN: JONATHAN J. OVIATT
200 FIRST STREET SW
ROCHESTER, MN 55905

New Mailing Address:

FEI Number: 41-1346366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, JOANNE
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SCHILMOELLER, ALAN
Address: 200 FIRST STREET SW
City-St-Zip: ROCHESTER, MN 55905

Title: TD () Delete
Name: FLEISCHER, RICHELLE
Address: 200 FIRST STREET SW
City-St-Zip: ROCHESTER, MN 55905

Title: C () Delete
Name: STERIOFF, SYLVESTER
Address: 200 FIRST STREET SW
City-St-Zip: ROCHESTER, MN 55905

Title: P () Delete
Name: LAUGHMAN, R. KEITH
Address: 200 FIRST STREET SW
City-St-Zip: ROCHESTER, MN 55905

Title: VPD () Delete
Name: KISABETH, ROBERT
Address: 200 FIRST STREET SW
City-St-Zip: ROCHESTER, MN 55905

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: BOLTON, JEFFREY MR
Address: 200 FIRST STREET SW
City-St-Zip: ROCHESTER, MN 55905

Title: D (X) Change () Addition
Name: COLVIN, RICK MR
Address: 200 FIRST STREET SW
City-St-Zip: ROCHESTER, MN 55905

Title: C (X) Change () Addition
Name: WOLD, LESTER E MD
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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN J. OVIATT

AS

04/02/2004

Electronic Signature of Signing Officer or Director

_____ Date

STEVEN YOUNKIN, M.D., DIRECTOR
4500 SAN PABLO
JACKSONVILLE, FL 32224

SYLVESTER STERIOFF, M.D., DIRECTOR
200 FIRST STREET SW
ROCHESTER, MN 55905

ALAN SCHILMOELLER, DIRECTOR
200 FIRST STREET SW
ROCHESTER, MN 55905

CURTIS HANSON, M.D., DIRECTOR
200 FIRST STREET SW
ROCHESTER, MN 55905

WILLIAM EVERSMAN, M.D., DIRECTOR
13400 EAST SHEA BOULEVARD
SCOTTSDALE, AZ 85259