

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004102

FILED  
Apr 10, 2012  
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:**

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:**

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:** DS/T  
**Name:** SCHMIDT, BRADLEY D  
**Address:** 200 FIRST STREET SW  
**City-St-Zip:** ROCHESTER, MN 55905

**Title:** P  
**Name:** COCKERILL, M.D., FRANKLIN R  
**Address:** 200 FIRST STREET SW  
**City-St-Zip:** ROCHESTER, MN 55905

**Title:** VP  
**Name:** BROWN, MARIE E  
**Address:** 200 FIRST STREET SW  
**City-St-Zip:** ROCHESTER, MN 55905

**Title:** D  
**Name:** BOLTON, JEFFREY W  
**Address:** 200 FIRST STREET SW  
**City-St-Zip:** ROCHESTER, MN 55905

**Title:** DC  
**Name:** EHMAN, RICHARD L MD  
**Address:** 200 FIRST STREET SW  
**City-St-Zip:** ROCHESTER, MN 55905

**Title:** AS  
**Name:** ZEHE, SHARON C  
**Address:** 200 FIRST STREET SW  
**City-St-Zip:** ROCHESTER, MN 55905

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** SHARON C. ZEHE

AS

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

# Company Summary

F95000004102  
4-10-12

## Mayo Collaborative Services, Inc.

Report Date:

Name	Title	Address 1	Address 2
Brian J. Meade	Chief Operating Officer	Mayo Clinic 200 First Street SW Rochester, MN 55905	
Virginia (Nickie) Bruce	Assistant Secretary	Mayo Clinic 200 First Street SW Rochester, MN 55905	
Craig A. Smoldt	Assistant Secretary	Mayo Clinic 200 First Street SW Rochester, MN 55905	
Mark A. Matthias	Assistant Treasurer	Mayo Clinic 200 First Street SW Rochester, MN 55905	
Rebecca S. Bahn MD	Director	Mayo Clinic 200 First Street SW Rochester, MN 55905	
Bruce A. Evans MD	Director	Mayo Clinic 200 First Street SW Rochester, MN 55905	
C. Michel Harper MD	Director	Mayo Clinic 200 First Street SW Rochester, MN 55905	
Mark B. Koch	Director	Mayo Clinic 200 First Street SW Rochester, MN 55905	
Dawn S. Milliner MD	Director	Mayo Clinic 200 First Street SW Rochester, MN 55905	
Nan B. Sawyer	Director	Mayo Clinic 200 First Street SW Rochester, MN 55905	
Craig A. Smoldt	Director	Mayo Clinic 200 First Street SW Rochester, MN 55905	
Walter R. Wilson MD	Director	Mayo Clinic 200 First Street SW Rochester, MN 55905	