

FILED

Apr 24, 2007 8:00 am  
Secretary of State2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N95000002858

1. Entity Name  
MAYO CLINIC JACKSONVILLE (A NONPROFIT  
CORPORATION)Principal Place of Business  
4500 SAN PABLO RD.  
JACKSONVILLE, FL 32224Mailing Address  
4500 SAN PABLO RD.  
JACKSONVILLE, FL 32224

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

04092007 Chg-NP CR2E037 (12/06)

Zip

Country

Zip

Country

4. FEI Number  
59-3337028Applied For  
Not Applicable5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

NELSON, STEPHEN P ESQ.  
4500 SAN PABLO RD.  
JACKSONVILLE, FL 32224

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 20079. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to FeesMake check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

## 11.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VCD  
NAME: LEVENTHAL, JACK P MD  
STREET ADDRESS: 4500 SAN PABLO ROAD  
CITY-ST-ZIP: JACKSONVILLE, FL 32224 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTD  
HOFFMAN, MARY  
4500 SAN PABLO ROAD  
JACKSONVILLE, FL 32224 Change  AdditionTITLE: SD  
NAME: BRIGHAM, ROBERT F  
STREET ADDRESS: 4500 SAN PABLO ROAD  
CITY-ST-ZIP: JACKSONVILLE, FL 32224 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPD  
PANGE, STEPHEN M.D.  
4500 SAN PABLO ROAD  
JACKSONVILLE, FL 32224 Change  AdditionTITLE: D  
NAME: COLON-OTERO, GERALDO MD  
STREET ADDRESS: 4500 SAN PABLO RD.  
CITY-ST-ZIP: JACKSONVILLE, FL 32224 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPD  
COLON-OTERO, GERALDO M.D.  
4500 SAN PABLO ROAD  
JACKSONVILLE, FL 32224 Change  AdditionTITLE: D  
NAME: O'CONNOR, MARY MD  
STREET ADDRESS: 4500 SAN PABLO RD.  
CITY-ST-ZIP: JACKSONVILLE, FL 32224 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPD  
O'CONNOR, MARY M.D.  
4500 SAN PABLO ROAD  
JACKSONVILLE, FL 32224 Change  AdditionTITLE: CD  
NAME: BARTLEY, GEORGE B MD  
STREET ADDRESS: 4500 SAN PABLO RD.  
CITY-ST-ZIP: JACKSONVILLE, FL 32224 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPD  
SMALLRIDGE, ROBERT M.D.  
4500 SAN PABLO ROAD  
JACKSONVILLE, FL 32224 Change  AdditionTITLE: D  
NAME: BOLLING, JAMES P MD  
STREET ADDRESS: 4500 SAN PABLO ROAD  
CITY-ST-ZIP: JACKSONVILLE, FL 32224 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPD  
WILLIAMS, HUGH M.D.  
4500 SAN PABLO ROAD  
JACKSONVILLE, FL 32224 Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert F. Brigham 4/9/07 (904)953-2146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Chair, Administration