

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90041 033 ****70.00

DOCUMENT # N95000002858					
1. Entity Name MAYO CLINIC JACKSONVILLE (A NONPROFIT CORPORATION)					
Principal Place of Business 4500 SAN PABLO RD. JACKSONVILLE, FL 32224			Mailing 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 & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3337028					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent NELSON, STEPHEN P ESQ. 4500 SAN PABLO RD. JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD LEVENTHAL, JACK P MD 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST/D Hoffman, Mary 4500 San Pablo Road Jacksonville, FL 32224 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRIGHAM, ROBERT F 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lange, Stephen M.D. 4500 San Pablo Road Jacksonville, FL 32224 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLON-OTERO, GERARDO MD 4500 SAN PABLO RD. JACKSONVILLE, FL 32224 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smallridge, Robert M.D. 4500 San Pablo Road Jacksonville, FL 32224 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNER, MARY MD 4500 SAN PABLO RD. JACKSONVILLE, FL 32224 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, MARY M.D. 4500 San Pablo Road Jacksonville, FL 32224 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BARTLEY, GEORGE B MD 4500 SAN PABLO RD. JACKSONVILLE, FL 32224 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams, Hugh M.D. 4500 San Pablo Road Jacksonville, FL 32224 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLLING, JAMES P MD 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Buskirk, Steven M.D. 4500 San Pablo Road Jacksonville, FL 32224 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
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: <u>Robert F Brigham</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/21/08 (904) 953-2000 <small>Date Daytime Phone #</small>		

See attached (Cont.)

ATTACHMENT 40078618
~~# N95000002858~~

2008 ANNUAL REPORT
MAYO CLINIC JACKSONVILLE

11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 - CONTINUED

Additions

AS – Assistant Secretary
Jorgensen, Steven C.
4500 San Pablo Road
Jacksonville, FL 32224