

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002858

FILED
Apr 22, 2010
Secretary of State

Entity Name: MAYO CLINIC JACKSONVILLE (A NONPROFIT CORPORATION)

Current Principal Place of Business:

4500 SAN PABLO RD.
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4500 SAN PABLO RD.
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3337028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NELSON, STEPHEN P ESQ.
4500 SAN PABLO RD.
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: CD
Name: RUPP, WILLIAM C MD
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: VCD
Name: LANGE, STEPHEN M MD
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD
Name: BRIGHAM, ROBERT F
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: ASTD
Name: HOFFMAN, MARY J
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: ASD
Name: JORGENSEN, STEVEN C
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: D
Name: BUSKIRK, STEVEN J MD
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

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: ROBERT F. BRIGHAM

SD

04/22/2010

Electronic Signature of Signing Officer or Director

Date

APR. 22. 2010 9:39AM

MAYO JAX ACCOUNTING

NO. 701 P. 2

N95000002858

4-22-10

Mayo Clinic Jacksonville (A Non Profit Corporation)

Document Number: N95000002858

Filing Date: 4/22/2010

Additional Directors:

Thomas A. Gonwa, MD Director
4500 San Pablo Road
Jacksonville, FL 32224

Debra A. Hemke, RN Director
4500 San Pablo Road
Jacksonville, FL 32224

Nancy W. Jensen Director
4500 San Pablo Road
Jacksonville, FL 32224

Jack P. Leventhal, MD Director
4500 San Pablo Road
Jacksonville, FL 32224

Hilary G. Mathews Director
4500 San Pablo Road
Jacksonville, FL 32224

Mary O'Connor, MD Director
4500 San Pablo Road
Jacksonville, FL 32224

Clifford R. Romme Director
4500 San Pablo Road
Jacksonville, FL 32224

C. Daniel Smith, MD Director
4500 San Pablo Road
Jacksonville, FL 32224

Nicholas J. Talley, MD Director
4500 San Pablo Road
Jacksonville, FL 32224

Post-it* Fax Note	7671	Date	4/22/10	# of pages	1
To	FL Dept. of State	From	Judi Rae		
Co./Dept.	Annual Report	Co.	Mayo Clinic		
Phone #		Phone #	904 9531636		
Fax #	850 245 6017	Fax #			

N 9500000 2858

Mayo Clinic Jacksonville (A Non Profit Corporation)

Document Number: N95000002858

Filing Date: 2/18/2011

Additional Directors:

Steven J. Buskirk, MD Director
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4500 San Pablo Road
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Daniel L. Tomlinson Director
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