

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762438

Entity Name: MAYO CLINIC FLORIDA (A NON PROFIT CORPORATION)**Current Principal Place of Business:**4500 SAN PABLO ROAD
JACKSONVILLE, FL 32224**Current Mailing Address:**4500 SAN PABLO ROAD
JACKSONVILLE, FL 32224**FEI Number:** 59-0714831**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, SALLY A
4500 SAN PABLO ROAD
JACKSONVILLE, FL 32224 US*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

Officer/Director Detail :

Title TREASURER, DIRECTOR
Name RIGDON, ALICE W
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name GROSS, TERA L
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR, VC
Name MCLAUGHLIN, SARAH A DR.
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name JOHNSON, MARGARET M DR.
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name TANER, C BURCIN DR.
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

Title CEO, CHAIRMAN, DIRECTOR
Name THIELEN, KENT R.
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name DRONCA, ROXANA S.
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name QUINONES-HINOJOSA, ALFREDO
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

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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: AJANI N DUNN**SECRETARY****02/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HICKSON, LATONYA J DR.
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name FAUBION, STEPHANIE S DR.
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name COOPER, JR, LESLIE T DR.
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

Title ASST. SECRETARY
Name BELILES, GREGORY R
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name JANUS, JEFFREY R
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name NASSAR, AZIZA
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name THIEL, DAVID D DR.
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name BRUCE, CHARLES J DR.
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

Title SECRETARY, DIRECTOR
Name DUNN, AJANI N
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name VALLOW, LAURA A
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name MANIACI, MICHAEL J
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name MESCHIA , JAMES F
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224