2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2014
Secretary of State
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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: Yes

Name and Address of Current Registered Agent:

NELSON, STEPHEN P ESQ.
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: STEPHEN NELSON 03/24/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	SECRETARY, DIRECTOR
Name	BRIGHAM, ROBERT F
Address	4500 SAN PABLO ROAD
City-State-Zip:	JACKSONVILLE FL 32224

Title	ASSISTANT SECRETARY
Name	JOHNSON, CARLA J
Address	4500 SAN PABLO ROAD
City-State-Zip:	JACKSONVILLE FL 32224

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

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

Title	TREASURER, DIRECTOR
Name	HOFFMAN, MARY J
Address	4500 SAN PABLO RD.
City-State-Zip:	JACKSONVILLE FL 32224

Title	ASSISTANT SECRETARY, DIRECTOR
Name	MATHEWS, HILARY G
Address	4500 SAN PABLO ROAD
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	BUSKIRK, STEVEN J DR.
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: MARY J. HOFFMAN CFO 03/24/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CANGEMI, JOHN R DR.
Address	4500 SAN PABLO ROAD
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	DAWSON, NANCY L DR.
Address	4500 SAN PABLO ROAD
City-State-Zip:	JACKSONVILLE FL 32224

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

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

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

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

Title	DIRECTOR
Name	DEVAULT, KENNETH R DR.
Address	4500 SAN PABLO ROAD
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	HAKAIM, ALBERT G 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	PASCUAL, JORGE M DR.
Address	4500 SAN PABLO ROAD
City-State-Zip:	JACKSONVILLE FL 32224