2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2020
Secretary of State
3943021551CC

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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: 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	VC, DIRECTOR
Name	BUSKIRK, STEVEN J DR.
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	GROSS, TERA L
Address	4500 SAN PABLO ROAD
City-State-Zip:	JACKSONVILLE FL 32224

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

Title	SECRETARY, DIRECTOR
Name	ZORN, CHRISTINA
Address	4500 SAN PABLO ROAD
City-State-Zip:	JACKSONVILLE FL 32224

Title	TREASURER, DIRECTOR
Name	RIGDON, ALICE W
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

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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: CHRISTINA K. ZORN SECRETARY 03/17/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	DIRECTOR
Name	PATEL, TUSHAR C DR.
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	TING, HENRY H.
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	QUINONES-HINOJOSA, ALFREDO
Address	4500 SAN PABLO ROAD
City-State-Zip:	JACKSONVILLE FL 32224