

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212519797

1.) CORPORATION NAME:

Mayo Collaborative Services, Inc.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1476144**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3050 SUPERIOR DRIVE, NW

CITY/ST/ZIP: ROCHESTER, MN 55901

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	FRANKLIN R COCKERILL MD	
TITLE:	PRESIDENT	
ADDRESS:	200 FIRST STREET SW	
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARIE E. BROWN	
TITLE:	VICE PRESIDENT	
ADDRESS:	200 FIRST STREET SW	
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRADLEY D SCHMIDT	
TITLE:	SECRETARY	
ADDRESS:	200 FIRST STREET SW	
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CRAIG A. SMOLDT	
TITLE:	ASST SECRETARY	
ADDRESS:	200 FIRST STREET SW	
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	VIRGINIA BRUCE	
TITLE:	ASST SECRETARY	
ADDRESS:	200 FIRST STREET SW	
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SHARON C. ZEHE	
TITLE:	ASST SECRETARY	
ADDRESS:	200 FIRST STREET SW	
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905	

NAME:	BRADLEY D. SCHMIDT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905		
NAME:	MARK A. MATTHIAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905		
NAME:	RICHARD L EHMAN MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905		
NAME:	REBECCA S. BAHN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905		
NAME:	JEFFREY W. BOLTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905		
NAME:	BRUCE A. EVANS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905		
NAME:	C. MICHEL HARPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905		
NAME:	MARK B. KOCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	RO, MN 55905		
NAME:	DAWN S. MILLINER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905		
NAME:	NAN B. SAWYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905		
NAME:	WALTER R. WILSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ SHARON C. ZEHE</u>	<u>SHARON C. ZEHE, ASST</u>	<u>5/29/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.