

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000014143

Entity Name: MAYFAIR WOMEN'S CLINIC, INC.

Current Principal Place of Business:

6867 SOUTHPOINT DRIVE NORTH
JACKSONVILLE, FL 32216

Current Mailing Address:

6867 SOUTHPOINT DRIVE NORTH
JACKSONVILLE, FL 32216 US

FEI Number: 87-3946346

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, DONNA A
6867 SOUTHPOINT DRIVE NORTH
JACKSONVILLE, FL 32216 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 D
Name EDGE, AUBREY
Address 6867 SOUTHPOINT DRIVE NORTH
City-State-Zip: JACKSONVILLE FL 32216

Title D
Name EDGE, ELIZABETH
Address 6867 SOUTHPOINT DRIVE NORTH
City-State-Zip: JACKSONVILLE FL 32216

Title D
Name GLOBER, MAXIMILIAN
Address 6867 SOUTHPOINT DRIVE NORTH
City-State-Zip: JACKSONVILLE FL 32216

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: AUBREY L EDGE

DIRECTOR

02/28/2023

Electronic Signature of Signing Officer/Director Detail

Date