

**2024 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**

**04/03/2024**

Electronic Signature of Signing Officer/Director Detail

Date