

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L55748 1. Entity Name MAYFAIR ANIMAL HOSPITAL, INC.	
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Principal Place of Business C/O JAMES E. GRUBB, DVM 525 S.E. 6TH AVENUE DELRAY BEACH, FL 33483	Mailing Address C/O JAMES E. GRUBB, DVM 525 S.E. 6TH AVENUE DELRAY BEACH, FL 33483
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02182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0182792	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRUBB, JAMES E. DVM 525 S.E. 6TH AVENUE DELRAY BEACH, FL 33483
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**DO NOT WRITE
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

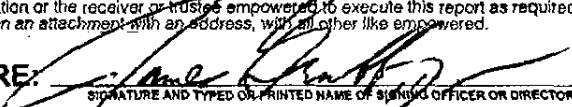
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUBB, JAMES E. DVM 6656 O'HARA AVENUE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUBB, MAURA T. 6656 O'HARA AVENUE BOYNTON BEACH, FL
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03/03/06-80022-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JAMES GRUBB DVM** 2/18/06 161-278-0617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #