

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 29, 2012**  
**Secretary of State**

DOCUMENT# N06000003013

**Entity Name:** MAZLYNN HEALTHCARE SERVICES, INC.**Current Principal Place of Business:**1458 N.E. POST ROAD  
MADISON, FL 32340 US**New Principal Place of Business:****Current Mailing Address:**1458 N.E. POST ROAD  
MADISON, FL 32340 US**New Mailing Address:**387 MEETING ST.  
MCDONOUGH, GA 30252 US**FEI Number:** 03-0584724**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PUGH, BOBBY D MD  
1458 NE POST ROAD  
MADISON, FL 32340 US**Name and Address of New Registered Agent:**PUGH, BOBBY A  
387 MEETING ST  
MCDONOUGH, FL 30252 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: BOBBY ANTHONY PUGH

10/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: PUGH, BOBBY D  
Address: PO BOX1104  
City-St-Zip: SLOCOMB, AL 36375 US

Title: P  
Name: PUGH, BOBBY A .  
Address: 387 MEETING  
City-St-Zip: MCDONOUGH, GA 30252

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: BOBBY ANTHONY PUGH

P

10/29/2012

Electronic Signature of Signing Officer or Director

Date