

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000039436

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** MAYFAIR MEDICAL MANAGEMENT INC.

**Current Principal Place of Business:**

2700 WALKERS WAY  
WESTON, FL 33331

**New Principal Place of Business:**

3410 STALLION LANE  
WESTON, FL 33331

**Current Mailing Address:**

2700 WALKERS WAY  
WESTON, FL 33331

**New Mailing Address:**

3410 STALLION LANE  
WESTON, FL 33331

**FEI Number:** 20-2531406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAFFER, MOHSIN  
2700 WALKERS WAY  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

JAFFER, MOHSIN  
3410 STALLION LANE  
WESTON, FL 33331 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: MOHSIN JAFFER

04/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MGR  
Name: JAFFER, MOHSIN  
Address: 3410 STALLION LANE  
City-St-Zip: WESTON, FL 33331

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MOHSIN JAFFER

MGR

04/14/2012

Electronic Signature of Signing Officer or Director

Date