

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000004552

**FILED**  
**Mar 13, 2011**  
**Secretary of State**

**Entity Name:** MICHAEL J. MAHAFFEY, D.M.D., P.A.

**Current Principal Place of Business:**

268 SOUTH PEACHTREE PARKWAY  
PEACHTREE CITY, GA 30269

**New Principal Place of Business:**

**Current Mailing Address:**

268 SOUTH PEACHTREE PARKWAY  
PEACHTREE CITY, GA 30269

**New Mailing Address:**

**FEI Number:** 65-0552586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAHAFFEY, JACK W  
7306 NW 52 TERR.  
GAINESVILLE, FL 32653 US

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

SMILEY, SCOTT W ESQ.  
1330 THOMASVILLE RD.  
TALLAHASSEE, FL 32303 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:** SCOTT W. SMILEY

03/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MAHAFFEY, MICHAEL J  
**Address:** 130 MANOR DRIVE  
**City-St-Zip:** FAYETTEVILLE, GA 30215

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:** MICHAEL J. MAHAFFEY

D

03/13/2011

Electronic Signature of Signing Officer or Director

Date