

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000171268

**Entity Name:** MAJESTIC CARE POMPANO EAST LLC

**Current Principal Place of Business:**

7200 W CAMINO REAL SUITE 200  
BOCA RATON, FL 33433

**Current Mailing Address:**

7200 W CAMINO REAL SUITE 200  
BOCA RATON, FL 33433 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PRIVCAP COMPANIES, LLC  
7200 W CAMINO REAL SUITE 200  
BOCA RATON, FL 33433 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

**Authorized Person(s) Detail :**

Title MGRM  
Name MAJESTIC CARE USA LLC  
Address 7200 W CAMINO REAL SUITE 200  
City-State-Zip: BOCA RATON FL 33433

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DANIEL COHEN**

**AUTHORIZED REP**

**03/06/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date