

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000011385

Entity Name: MAJOR CARE,INC

FILED  
Apr 30, 2012  
Secretary of State

**Current Principal Place of Business:**

541 E TENNESSEE ST  
TALLAHASSEE, FL 32316

**New Principal Place of Business:**

**Current Mailing Address:**

5684 DOONESBURY WAY  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 26-0717626

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRIFFIN, SHAWN  
4496 LOST PINE DR  
TALLAHASSEE, FL 32305 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COOPER, CARLISA S  
Address: 5684 DOONESBURY WAY  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: VP  
Name: HARRIS, JAMES A JR  
Address: 5684 DOONESBURY WAY  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: VP  
Name: JAMES, MICHAEL G  
Address: 5684 DOONESBURY  
City-St-Zip: TALLAHASSEE, FL 32303

Title: SEC.  
Name: COOPER-ROYE, CARLEAH  
Address: 5684 DOONESBURY WAY  
City-St-Zip: TALLAHASSEE, FL 32303

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: CARLISA COOPER-HARRIS

P

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date