

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000011385

**Entity Name:** MAJOR CARE,INC

**Current Principal Place of Business:**

5684 DOONESBURY WAY  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

P.O.BOX 180863  
TALLAHASSEE, FL 32318 US

**FEI Number:** 26-0717626

**Certificate of Status Desired:** No

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

GRIFFIN, SHAWN  
2618 PINE NULL DR  
TALLAHASSEE, FL 32305 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

**Officer/Director Detail :**

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

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

Title SEC.  
Name COOPER-ROYE, CARLEAH  
Address 5684 DOONESBURY WAY  
City-State-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 S COOPER

P

04/12/2022

Electronic Signature of Signing Officer/Director Detail

Date