


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90018 038 ***150.00

DOCUMENT # P07000078115

1. Entity Name
ICARE HEALTH OPTIONS, INC.



Principal Place of Business Mailing Address
7352 N.W. 34TH STREET **7352 N.W. 34TH STREET**
MIAMI, FL 33122 **MIAMI, FL 33122**

40024687



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01312008 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SANDRA GREENBLATT, P.A.
ONE BISCAYNE TOWER, SUITE 3500
2 SOUTH BISCAYNE BLVD.
MIAMI, FL 33138

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STERN, SIDNEY J	
STREET ADDRESS	7352 N.W. 34TH STREET	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE	T	<input type="checkbox"/> Delete
NAME	STERN-SKLAR, JODI	
STREET ADDRESS	7352 N.W. 34TH STREET	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUBIN, LEE S	
STREET ADDRESS	7352 N.W. 34TH STREET	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sidney J. Stern* 2/4/08 (305) 418-2025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #