

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000001676

Entity Name: ICP CARE CORP**Current Principal Place of Business:**18122 NW 91 COURT
MIAMI, FL 33018**Current Mailing Address:**18122 NW 91 COURT
MIAMI, FL 33018 UN**FEI Number:** 46-5267610**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENAVIDES-DIAZ, DONNA K
18122 NW 91 COURT
MIAMI, FL 33018 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 CHAIRMAN
Name BENAVIDES-DIAZ, DONNA K
Address 18122 NW 91 COURT
City-State-Zip: MIAMI FL 33018

Title VC
Name BOYER, HILARY J
Address N8808 COUNTY ROAD B
City-State-Zip: SPRING VALLEY WI 54767

Title TREASURER
Name DIAZ, YAMIL B
Address 18122 NW 91 COURT
City-State-Zip: MIAMI FL 33018

Title BOARD MEMBER
Name VISCIO, KIMBERLY B
Address 1285 OLD YORK ROAD
City-State-Zip: WARMINSTER PA 18974

Title BOARD MEMBER
Name HEALY, AMPARO
Address 8900 PECK HILL ROAD
City-State-Zip: MANLIUS NY 13104

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONNA BENAVIDES-DIAZ**CHAIRMAN****04/08/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date