

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001676

**Entity Name:** ICP CARE CORP

**Current Principal Place of Business:**

500 NW 2ND AVE  
#12896  
MIAMI, FL 33101

**FILED**  
**Mar 20, 2022**  
**Secretary of State**  
**5109233686CC**

**Current Mailing Address:**

PO BOX 12896  
MIAMI, FL 33101 US

**FEI Number:** 46-5267610

**Certificate of Status Desired:** No

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

BENAVIDES-DIAZ, DONNA K  
1900 N BAYSHORE DRIVE  
#5004  
MIAMI, FL 33132 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 1900 N BAYSHORE DR  
#5004  
City-State-Zip: MIAMI FL 33132

Title VICE CHAIR  
Name HEALEY, AMPARO  
Address 24 BERKSHIRE DRIVE  
City-State-Zip: CLIFTON PARK NY 12065

Title BOARD MEMBER  
Name MILLER, JASON  
Address 8541 TWINS LAKES DR  
City-State-Zip: JENISON MI 49428

Title BOARD MEMBER  
Name ABRAHAM, GRACE  
Address 7921 BLAIN MEADOW CT  
1C  
City-State-Zip: BYRON CENTER MI 49315

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

Title BOARD MEMBER  
Name TERRY, KAITLAN  
Address 2291 W WAYNE ST  
City-State-Zip: LIMA OH 45805

Title BOARD MEMBER  
Name BONEBRAKE, LAURA  
Address 11734 SERAMA DRIVE  
City-State-Zip: DES PERES MO 63131

Title BOARD MEMBER  
Name NAFF, ELISABETH  
Address 1224 MONTICELLO BLVD  
City-State-Zip: OCEAN SPRINGS MS 39564

**Continues on page 2**

*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

**CHAIR**

**03/20/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name MCKERNAN, LIA  
Address 5248 N OLEANDER PARKWAY  
City-State-Zip: CHICAGO IL 60656

Title BOARD MEMBER  
Name TURNER, AIREEN  
Address 238 TRAVIS DRIVE  
City-State-Zip: HAZEL GREEN AL 35750

Title SECRETARY  
Name CARCERANO, SARA-JAYNE  
Address 8821 ROWLAND ROAD  
City-State-Zip: EDMONTON ALBERTA T5H4S3

Title BOARD MEMBER  
Name KARP, CARLA  
Address 107 MONTCLAIR AVE.  
City-State-Zip: MONTCLAIR NJ 07042

Title BOARD MEMBER  
Name LORENTZ, NICOLE  
Address 55 HAINES HIGHWAY  
City-State-Zip: HAINES AK 99827

Title TREASURER  
Name DIAZ, YAMIL  
Address 1900 N BAYSHORE DR  
UNIT# 5004  
City-State-Zip: MIAMI FL 33132