

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**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

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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