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:

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAIRMAN</td>
<td>BENAVIDES-DIAZ, DONNA K</td>
<td>18122 NW 91 COURT</td>
<td>MIAMI FL 33018</td>
</tr>
<tr>
<td>VC</td>
<td>BOYER, HILARY J</td>
<td>N8808 COUNTY ROAD B</td>
<td>SPRING VALLEY WI 54767</td>
</tr>
<tr>
<td>TREASURER</td>
<td>DIAZ, YAMIL B</td>
<td>18122 NW 91 COURT</td>
<td>MIAMI FL 33018</td>
</tr>
<tr>
<td>VC</td>
<td>VISCIO, KIMBERLY B</td>
<td>1285 OLD YORK ROAD</td>
<td>WARMINSTER PA 18974</td>
</tr>
</tbody>
</table>

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 04/01/2017