## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078115

Entity Name: ICARE HEALTH OPTIONS, INC.

**Current Principal Place of Business:** 

7352 N.W. 34TH STREET MIAMI, FL 33122

**Current Mailing Address:** 

7352 N.W. 34TH STREET MIAMI. FL 33122

FEI Number: 26-0542739 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMONT NEIMAN & INTERIAN, P.A. NEW WORLD TOWER 100 N. BISCAYNE BLVD. SUITE 801 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: JAN S. NEIMAN, SECRETARY 02/21/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title T

NameSTERN, SIDNEY JNameSTERN-SKLAR, JODIAddress7352 N.W. 34TH STREETAddress7352 N.W. 34TH STREET

City-State-Zip: MIAMI FL 33122 City-State-Zip: MIAMI FL 33122

Title S

Name RUBIN, LEE S

Address 7352 N.W. 34TH STREET

SIGNATURE: SIDNEY J STERN

City-State-Zip: MIAMI FL 33122

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

Ρ

Electronic Signature of Signing Officer/Director Detail

02/21/2018

FILED Feb 21, 2018

**Secretary of State** 

CC9761978980

Date