7352 N W 3	4TH STREET			
MIAMI, FL				
FEI Number: 26-0542739			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
BRIAN LYNN C TWO SOUTH U SUITE 215	PA INIVERSITY DRIVE			
PLANTATION,	FL 33324 US			
The above name	I entity submits this statement for the purpose of changing	its registered office or regis	tered agent, or both, in the State of I	Florida.
			•	
	BRIAN LYNN			01/21/2020
	Electronic Signature of Registered Agent			01/21/2020 Date
	Electronic Signature of Registered Agent			
SIGNATURE	Electronic Signature of Registered Agent	Title	т	
SIGNATURE	Electronic Signature of Registered Agent	Title Name	T STERN-SKLAR, JODI	
SIGNATURE Officer/Direc Title	Electronic Signature of Registered Agent ctor Detail : P			
SIGNATURE Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : P STERN, SIDNEY J	Name	STERN-SKLAR, JODI 7352 N.W. 34TH STREET	
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : P STERN, SIDNEY J 7352 N.W. 34TH STREET	Name Address	STERN-SKLAR, JODI 7352 N.W. 34TH STREET	
SIGNATURE Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : P STERN, SIDNEY J 7352 N.W. 34TH STREET MIAMI FL 33122	Name Address	STERN-SKLAR, JODI 7352 N.W. 34TH STREET	
SIGNATURE Officer/Dired Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : P STERN, SIDNEY J 7352 N.W. 34TH STREET MIAMI FL 33122 S	Name Address	STERN-SKLAR, JODI 7352 N.W. 34TH STREET	

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.

SIGNATURE: SIDNEY J. STERN

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/21/2020

Date

FILED Jan 21, 2020 Secretary of State 9207189034CC

2020 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: