

**2014 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:**

SANDRA GREENBLATT, P.A.  
MIAMI CENTER, SUITE 1730  
201 SOUTH BISCAYNE BLVD.  
MIAMI, FL 33131 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 P  
Name STERN, SIDNEY J  
Address 7352 N.W. 34TH STREET  
City-State-Zip: MIAMI FL 33122

Title T  
Name STERN-SKLAR, JODI  
Address 7352 N.W. 34TH STREET  
City-State-Zip: MIAMI FL 33122

Title S  
Name RUBIN, LEE S  
Address 7352 N.W. 34TH STREET  
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.*

**SIGNATURE:** SIDNEY J STERN

P

03/19/2014

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

\_\_\_\_\_  
Date