

**2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P15000095824

**Entity Name:** ICARE CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

5226 WEST FLAGLER ST.  
MIAMI, FL 33134

**Current Mailing Address:**

5226 WEST FLAGLER ST.  
MIAMI, FL 33134 US

**FEI Number: 81-0787816**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THE FUNES LAW FIRM, PA  
223 E. FLAGLER STREET  
620  
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 RODRIGUEZ, ANTHONY J  
Address 2655 COLLINS AVE.  
APT.908  
City-State-Zip: MIAMI FL 33140

*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: ANTHONY RODRIGUEZ**

**PRESIDENT**

**02/07/2024**

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

\_\_\_\_\_  
Date