

2019 FLORIDA PROFIT CORPORATION 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. 508
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 J. RODRIGUEZ

PRESIDENT

02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date