

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000045629

Entity Name: ICARE ADULT DAY CARE, INC.

Current Principal Place of Business:

7628 NW 186 ST.
HIALEAH, FL 33015

Current Mailing Address:

7628 NW 186 ST.
HIALEAH, FL 33015 US

FEI Number: 83-0852168

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, ALBERTO J SR.
7628 NW 186 ST.
HIALEAH, FL 33015 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, ALBERTO J SR.
Address 7843 NW 199TH ST
City-State-Zip: HIALEAH FL 33015

Title VP
Name VIERA, LETICIA
Address 7843 NW 199TH ST
City-State-Zip: HIALEAH FL 33015

Title ADMINISTRATOR
Name RODRIGUEZ, MARGARITA R
Address 7628 NW 186 ST.
City-State-Zip: HIALEAH FL 33015

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: MARGARITA R RODRIGUEZ

ADMINISTRATOR

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date