## **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

FILED Jan 16, 2020

**Secretary of State** 

1650498117CC

Officer/Director Detail:

Title P Title VP

NameRODRIGUEZ, ALBERTO J SR.NameVIERA, LETICIAAddress7843 NW 199TH STAddress7843 NW 199TH STCity-State-Zip:HIALEAH FL 33015City-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