

**2019 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

*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:** ALBERTO J. RODRIGUEZ

**OWNER**

**02/28/2019**

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

\_\_\_\_\_  
Date