

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000054741

**Entity Name:** IHEALTHCARE MANAGEMENT COMPANY

**Current Principal Place of Business:**

555 NE 15TH STREET  
9TH FLOOR 934-A  
MIAMI, FL 33132

**Current Mailing Address:**

555 NE 15TH STREET  
9TH FLOOR 934-A  
MIAMI, FL 33132 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

IHEALTHCARE, INC.  
555 NE 15TH STREET  
9TH FLOOR 934-A  
MIAMI, FL 33132 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	PCEO	Title	COO
Name	MIJARES, NOEL	Name	BINGAMAN, DAVID
Address	555 NE 15TH STREET 9TH FLOOR 934-A	Address	555 NE 15TH STREET 9TH FLOOR 934-A
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132

*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:** NOEL MIJARES

PCEO

06/30/2020

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

\_\_\_\_\_  
Date