

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000028419

**Entity Name:** IHEALTHCARE, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 47-3002847

**Certificate of Status Desired:** No

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

MIJARES, NOEL  
555 NE 15TH STREET  
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  
Name MIJARES, NOEL  
Address 555 NE 15TH STREET, SUITE 934-A  
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

CEO

04/26/2023

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

\_\_\_\_\_  
Date