

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000055120

**Entity Name:** ICARE HEALTH SOLUTIONS, LLC

**Current Principal Place of Business:**

7352 NW 34 STREET  
MIAMI, FL 33122

**Current Mailing Address:**

7352 NW 34 STREET  
MIAMI, FL 33122

**FEI Number:** 46-2604523

**Certificate of Status Desired:** No

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

LYNN, BRIAN  
2 SOUTH UNIVERSITY DRIVE, SUITE 215  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title MGR  
Name STERN, SIDNEY  
Address 7352 NW 34 STREET  
City-State-Zip: MIAMI FL 33122

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SIDNEY STERN

MGR

03/23/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date