

2014 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

03/19/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date