

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: RONIQUE RAYSOR, ASSISTANT SECRETARY

10/08/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

Title: MANAGER
Name: SETTEMBRINO, JEFF
Address: 1515 SUNSET DRIVE
SUITE 32
City-State-Zip: MIAMI FL 33143

Title: MANAGER
Name: KUIPER, PATRICK
Address: 1515 SUNSET DRIVE
SUITE 32
City-State-Zip: MIAMI FL 33143

Title: MANAGER
Name: WALTER, JOSEPH
Address: 1515 SUNSET DRIVE
SUITE 32
City-State-Zip: MIAMI FL 33143

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: JOSEPH WALTER

MANAGER

10/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date