

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000069447

Entity Name: ICARE HEALTH SOLUTIONS TAMPA FLORIDA, LLC

Current Principal Place of Business:

7352 NW 34TH ST
MIAMI, FL 33132

Current Mailing Address:

7352 NW 34TH ST
MIAMI, FL 33132

FEI Number: 46-5534391

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMONT NEIMAN & INTERIAN, P.A.
100 N BISCAYNE BLVD
NEW WORLD TOWER SUITE 801
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

Authorized Person(s) Detail :

Title MGR
Name STERN, SIDNEY
Address 7352 NW 34TH ST
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 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

02/18/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date