

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000069447

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

**Current Principal Place of Business:**

7600 CORPORATE CENTER DRIVE, #200  
MIAMI, FL 33126

**Current Mailing Address:**

7600 CORPORATE CENTER DRIVE, #200  
MIAMI, FL 33126 US

**FEI Number:** 46-5534391

**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

04/05/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: MANAGER  
Name: STERN, LEE  
Address: 7300 CORPORATE CENTER DRIVE, #501  
City-State-Zip: MIAMI FL 33126

Title: MANAGER  
Name: HARROLD, JASON  
Address: 45 BALLAS COURT  
City-State-Zip: ST. LOUIS MO 63131

Title: MANAGER  
Name: PLEVYAK, DAVE  
Address: 3333 QUALITY DRIVE  
City-State-Zip: RANCHO CORDOVA CA 95670

Title: MANAGER  
Name: PASSUELLO, LESTER EARL  
Address: 3333 QUALITY DRIVE  
City-State-Zip: RANCHO CORDOVA CA 95670

Title: MANAGER  
Name: STELLMACHER, KEN  
Address: 3333 QUALITY DRIVE  
City-State-Zip: RANCHO CORDOVA CA 95670

*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:** LEE STERN

MANAGER

04/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date