

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000068445

Entity Name: ICARE HEALTH NETWORK LLC

Current Principal Place of Business:

409 17TH ST SW
NAPLES, FL 34117

Current Mailing Address:

409 17TH ST SW
NAPLES, FL 34117 US

FEI Number: 47-3883028

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, MILEISY
409 17TH ST SW
NAPLES, FL 34117 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 MGRM
Name RODRIGUEZ, MILEISY
Address 409 17TH ST SW
City-State-Zip: NAPLES FL 34117

Title MGRM
Name RODRIGUEZ, MAGDEVYS
Address 409 17TH ST SW
City-State-Zip: NAPLES FL 34117

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: MAGDEVYS RODRIGUEZ

PRESIDENT

01/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date