

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 649731

Entity Name: ICARE LABS, INC.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

4399 35TH ST. N.
ST PETERSBURG, FL 33784

New Principal Place of Business:

Current Mailing Address:

4399 35TH ST. N.
P.O. BOX 84000
ST PETERSBURG, FL 33784

New Mailing Address:

4399 35TH ST. N.
ST PETERSBURG, FL 33784

FEI Number: 59-1981912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, J SCOTT
4399 35TH STREET NORTH
ST. PETERSBURG, FL 33714 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PAYNE, J SCOTT
Address: 4399 35TH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: P () Delete
Name: PAYNE, JEFFREY T
Address: 4399 35TH ST. N.
City-St-Zip: ST PETERSBURG, FL 33784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG GEHRIG

SEC

01/15/2009

Electronic Signature of Signing Officer or Director

Date