

L 240000020334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

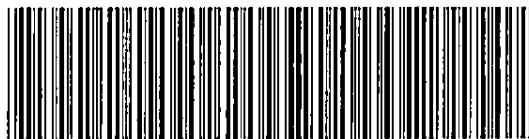
(Business Entity Name)

(Document Number)

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2024 JAN 25 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ICARE PLUS HOME HEALTH SOLUTIONS, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAURICE CLARKE  
\_\_\_\_\_  
Name of Person  
  
ICARE PLUS HOME HEALTH SOLUTIONS, LLC  
\_\_\_\_\_  
Firm/Company  
  
2424 WEST OAKLAND PARK BLVD SUITE # 210  
\_\_\_\_\_  
Address  
  
OAKLAND PARK, FL ~~33027~~ 33311  
\_\_\_\_\_  
City/State and Zip Code  
  
MAC17932002@YAHOO.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAURICE CLARKE                      954                      243-6267  
\_\_\_\_\_  
Name of Person                      at (                      )                      Daytime Telephone Number  
Area Code

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee      ☐ \$30 Filing Fee &  
Certificate of Status      ☐ \$55 Filing Fee &  
Certified Copy      ☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: ICARE PLUS HOME HEALTH SOLUTIONS, LLC

**SECOND:** The Florida Document number of the limited liability company is: L24000020334

**THIRD:** Document to be corrected is: ANNETTE L. CLARKE, DR. AND MAURICE A. CLARKE SR

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ANNETTE L. CLARKE DR. & MAURICE A. CLARKE SR; THEY ARE INCORRECT BECAUSE THEY ARE  
NOT CONSISTENT WITH OUR FLORIDA LICENSES (ID) OR OUR PASSPORT DESIGNATIONS.  
CORRECT NAMES WITHOUT SUFFIXES: ANNETTE L. CLARKE AND MAURICE ANTHONY CLARKE

**OR**

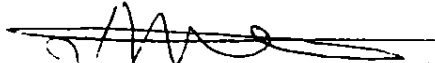
☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

☒ The electronic transmission of the record was defective.

MAURICE CLARKE



1/22/2024

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Registered Agent's Signature

**Filing Fee:** \$25.00  
**Certified Copy:** \$30.00 (optional)