

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078115

FILED
Feb 03, 2012
Secretary of State

Entity Name: ICARE HEALTH OPTIONS, INC.

Current Principal Place of Business:

7352 N.W. 34TH STREET
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

7352 N.W. 34TH STREET
MIAMI, FL 33122

New Mailing Address:

FEI Number: 26-0542739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDRA GREENBLATT, P.A.
ONE BISCAYNE TOWER, SUITE 3500
2 SOUTH BISCAYNE BLVD.
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

SANDRA GREENBLATT, P.A.
MIAMI CENTER, SUITE 1730
201 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131 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

02/03/2012

Date

OFFICERS AND DIRECTORS:

Title: P
Name: STERN, SIDNEY J
Address: 7352 N.W. 34TH STREET
City-St-Zip: MIAMI, FL 33122

Title: T
Name: STERN-SKLAR, JODI
Address: 7352 N.W. 34TH STREET
City-St-Zip: MIAMI, FL 33122

Title: S
Name: RUBIN, LEE S
Address: 7352 N.W. 34TH STREET
City-St-Zip: MIAMI, FL 33122

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 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 all other like empowered.

SIGNATURE: SANDRA P. GREENBLATT, ESQ.

RA

02/03/2012

Electronic Signature of Signing Officer or Director

Date