

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003950

Entity Name: I.C.M.C. OF FLORIDA, INC.

Current Principal Place of Business:

15713 MADELINE DR.
HUDSON, FL 34667

Current Mailing Address:

POST OFFICE BOX 353034
TOLEDO, OH 43635 US

FEI Number: 34-1468123

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORES, THOMAS D
15717 MADELINE DR.
HUDSON, FL 34667 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

Officer/Director Detail :

Title P
Name COONER, THOMAS
Address POST OFFICE BOX 353034
City-State-Zip: TOLEDO OH 43635

Title V
Name JASON, HUTCHENS
Address POST OFFICE BOX 353034
City-State-Zip: TOLEDO OH 43635

Title T
Name HOMIER, SCOTT P
Address POST OFFICE BOX 353034
City-State-Zip: TOLEDO OH 43635

Title S
Name DURAM, LEO
Address POST OFFICE BOX 353034
City-State-Zip: TOLEDO OH 43635

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT HOMIER

TREASUER

01/17/2017

Electronic Signature of Signing Officer/Director Detail

Date