

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000001676

Entity Name: ICP CARE CORP**Current Principal Place of Business:**8358 COMMERCE WAY
106
MIAMI LAKES, FL 33016**Current Mailing Address:**PO BOX 146
MIAMI LAKES, FL 33014 UN**FEI Number:** 46-5267610**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENAVIDES-DIAZ, DONNA K
8358 COMMERCE WAY
106
MIAMI LAKES, FL 33016 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 CHAIRMAN
Name BENAVIDES-DIAZ, DONNA K
Address 8358 COMMERCE WAY
106
City-State-Zip: MIAMI LAKES FL 33016

Title VICE CHAIR
Name HEALEY, AMPARO
Address 24 BERKSHIRE DRIVE
City-State-Zip: CLIFTON PARK NY 12065

Title BOARD MEMBER
Name MILLER, JASON
Address 6713 PERRINE ROAD
City-State-Zip: MIDLAND MI 48642

Title BOARD MEMBER
Name ABRAHAM, GRACE
Address 7921 BLAIN MEADOW CT
1C
City-State-Zip: BYRON CENTER MI 49315

Title BOARD MEMBER
Name BOYER, HILARY J
Address N8808 COUNTY ROAD B
City-State-Zip: SPRING VALLEY WI 54767

Title BOARD MEMBER
Name TERRY, KAITLAN
Address 4712 HOBBS WAY
City-State-Zip: LEXINGTON KY 40515

Title BOARD MEMBER
Name BONEBRAKE, LAURA
Address 11734 SERAMA DRIVE
City-State-Zip: DES PERES MO 63131

Title BOARD MEMBER
Name NAFF, ELISABETH
Address 1224 MONTICELLO BLVD
City-State-Zip: OCEAN SPRINGS MS 39564

Continues on page 2

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: DONNA K BENAVIDES-DIAZ**CHAIR****07/20/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name MCKERNAN, LIA
Address 5248 N OLEANDER PARKWAY
City-State-Zip: CHICAGO IL 60656

Title BOARD MEMBER
Name TURNER, AIREEN
Address 4561 PALM AVE
#1
City-State-Zip: LA MESA CA 91941

Title BOARD MEMBER
Name KARP, CARLA
Address 107 MONTCLAIR AVE.
City-State-Zip: MONTCLAIR NJ 07042

Title BOARD MEMBER
Name LORENTZ, NICOLE
Address 55 HAINES HIGHWAY
City-State-Zip: HAINES AK 99827