

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 328014

**Entity Name:** ICARE INDUSTRIES, INC.

**Current Principal Place of Business:**

4399 35TH STREET, NORTH  
ST PETERSBURG, FL 33714

**Current Mailing Address:**

4399 35TH STREET, NORTH  
ST PETERSBURG, FL 33714

**FEI Number:** 59-1208811

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAYNE, J. SCOTT  
4399 35TH STREET NORTH  
SAINT PETERSBURG, FL 33714 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 VP  
Name PAYNE, JONATHAN T  
Address 4399 35TH STREET, NORTH  
City-State-Zip: ST PETERSBURG FL 33714

Title PD  
Name PAYNE, JEFFREY T  
Address 4399 35TH ST N  
City-State-Zip: SAINT PETERSBURG FL 33714

Title SECRETARY  
Name MILAN, DAVID J  
Address 13555 N. STEMMONS FRWY  
City-State-Zip: DALLAS TX 75234

Title DIRECTOR  
Name MOSCA, ETTORE  
Address 13555 N. STEMMONS FRWY  
City-State-Zip: DALLAS TX 75234

Title DIRECTOR  
Name BARBIER, NICOLAS  
Address 13555 N. STEMMONS FRWY  
City-State-Zip: DALLAS TX 75234

Title TREASURER  
Name MARSURA, LUCA  
Address 1 WEST 37TH STREET  
City-State-Zip: NEW YORK NY 10018

Title VP  
Name SEIWERT, DAN  
Address 12 HARBOR PARK DRIVE  
City-State-Zip: PORT WASHINGTON NY 11050

Title CFO  
Name FRANCESCUTTO, SARA  
Address 1 WEST 37TH STREET  
City-State-Zip: NEW YORK NY 10018

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*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:** DAVID MILAN

**SECRETARY**

**04/11/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name TULLOS, KATHERINE  
Address 13555 N. STEMMONS FRWY  
City-State-Zip: DALLAS TX 75234