

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 649731

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

**Current Principal Place of Business:**

4399 35TH ST. N.  
ST PETERSBURG, FL 33784

**Current Mailing Address:**

4399 35TH ST. N.  
ST PETERSBURG, FL 33784

**FEI Number:** 59-1981912

**Certificate of Status Desired:** No

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

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

Title            P  
Name            PAYNE, JEFFREY T  
Address        4399 35TH ST. N.  
City-State-Zip: ST PETERSBURG FL 33784

*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:** J SCOTT PAYNE

**CHAIRMAN**

**01/08/2015**

Electronic Signature of Signing Officer/Director Detail

Date