

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000098949

**Entity Name:** ICARE MEDICAL SERVICES LLC

**Current Principal Place of Business:**

430 GRAND BAY DRIVE  
#603  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

430 GRAND BAY DRIVE  
#603  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 45-3837803

**Certificate of Status Desired:** No

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

VELEZ, SERGIO  
430 GRAND BAY DR APT 603  
KEY BISCAYNE, FL 33149 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:** SERGIO VELEZ

04/11/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MEMBER
Name	VELEZ, SERGIO	Name	CABAL, FRANCISCO J
Address	430 GRAND BAY DRIVE APT 603	Address	AVENIDA 19 108-45 OFICINA 301A
City-State-Zip:	KEY BISCAYNE FL 33149	City-State-Zip:	BOGOTA COLOMBIA

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SERGIO VELEZ

04/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date