

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000012882

**Entity Name:** ICARE HEALTH OPTIONS, LLC

**Current Principal Place of Business:**

7600 CORPORATE CENTER DRIVE  
SUITE 200  
MIAMI, FL 33126

**Current Mailing Address:**

7600 CORPORATE CENTER DRIVE  
SUITE 200  
MIAMI, FL 33126 US

**FEI Number:** 26-0542739

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name            STERN, LEE  
Address         7300 CORPORATE CENTER DRIVE  
                  SUITE 501  
City-State-Zip: MIAMI FL 33126

Title           MANAGER  
Name            HARROLD, JASON  
Address         45 BALLAS COURT  
City-State-Zip: ST. LOUIS MO 63131

Title           MANAGER  
Name            PLEVYAK, DAVID EUGENE  
Address         3333 QUALITY DRIVE  
City-State-Zip: RANCHO CORDOVA CA 95670

Title           MANAGER  
Name            STELLMACHER, KENNETH CHARLES  
Address         3333 QUALITY DRIVE  
City-State-Zip: RANCHO CORDOVA CA 95670

Title           MANAGER  
Name            PASSUELLO, LESTER EARL  
Address         3333 QUALITY DRIVE  
City-State-Zip: RANCHO CORDOVA CA 95670

*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:** LEE STERN

**MANAGER**

**01/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date