

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000012882

Entity Name: ICARE HEALTH OPTIONS, LLC

Current Principal Place of Business:

7300 CORPORATE CENTER DRIVE
SUITE 501
MIAMI, FL 33126

Current Mailing Address:

7300 CORPORATE CENTER DRIVE
SUITE 501
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

03/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date