

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000012882

Entity Name: ICARE HEALTH OPTIONS, LLC

Current Principal Place of Business:

7352 N.W. 34TH ST.
MIAMI, FL 33122

Current Mailing Address:

7352 N.W. 34TH ST.
MIAMI, FL 33122 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	MGR	Title	CHAIRMAN
Name	STERN, SIDNEY J	Name	SETTEMBRINO, JEFF
Address	7352 N.W. 34TH ST.	Address	1515 SUNSET DR STE 32
City-State-Zip:	MIAMI FL 33122	City-State-Zip:	MIAMI FL 33143

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: JEFF SETTEMBRINO

CHAIRMAN

04/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date