

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001526

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

**Current Principal Place of Business:**

4700 FALLS OF NEUSE ROAD  
SUITE 245  
RALEIGH, NC 27609

**Current Mailing Address:**

4700 FALLS OF NEUSE ROAD  
SUITE 245  
RALEIGH, NC 27609 US

**FEI Number:** 45-3199838

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 VC  
Name HILDEN, TIMO  
Address 3 HENOSSENKENKA  
City-State-Zip: ESPOO FINLAND FL-02600

Title PS  
Name FLOYD, JOHN  
Address 809 FAULKNER PLACE  
City-State-Zip: RALEIGH NC 27609

*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:** JOHN FLOYD

**PRESIDENT/CEO**

**01/14/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date