

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000035784

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** IDEACOM HEALTHCARE COMMUNICATIONS OF FLORIDA, INC.

**Current Principal Place of Business:**

3903 NORTH FLORIDA AVENUE  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

3903 NORTH FLORIDA AVENUE  
TAMPA, FL 33603

**New Mailing Address:**

**FEI Number:** 75-3039214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAREY, MICHAEL R  
712 SOUTH OREGON AVE  
TAMPA, FL 33606 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MUSSELMAN, D. R II  
Address: 13358 GOLF CREST CIRCLE  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: MUSSELMAN, CAROLYN  
Address: 13358 GOLF CREST CIRCLE  
City-St-Zip: TAMPA, FL 33618

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: D.R. MUSSELMAN II

PRES

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date