

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000005381

**Entity Name:** ICAMR, INC.

**Current Principal Place of Business:**

200 NEOCITY WAY  
KISSIMMEE, FL 34744

**Current Mailing Address:**

200 NEOCITY WAY  
KISSIMMEE, FL 34744 US

**FEI Number:** 47-1078611

**Certificate of Status Desired:** No

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

MINCH, MAXWELL  
200 NEOCITY WAY  
KISSIMMEE, FL 34744 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:** MAXWELL MINCH

01/18/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name FISHER, DON  
Address 1 COURTHOUSE SQUARE  
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR, OFFICER  
Name SAATHOFF, DAVE  
Address 400 W. EMMETT ST  
City-State-Zip: KISSIMMEE FL 34741

Title CEO  
Name KENNEDY, CHESTER  
Address 400 W. EMMETT ST  
City-State-Zip: KISSIMMEE FL 34741

Title DIR  
Name SCHONS, EDWARD  
Address 12424 RESEARCH PARKWAY  
SUITE 100  
City-State-Zip: ORLANDO FL 32826

Title OFFICER  
Name HOLLADAY, DAN  
Address 400 W. EMMETT ST  
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR  
Name ELIZABETH, KLONOFF DR.  
Address UNIVERSITY OF CENTRAL FLORIDA  
12201 RESEARCH PARKWAY SUITE  
501  
City-State-Zip: ORLANDO FL 32826

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHESTER KENNEDY

CEO

01/18/2018

Electronic Signature of Signing Officer/Director Detail

Date