



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000035784</b>			
1. Entity Name IDEACOM HEALTHCARE COMMUNICATIONS OF FLORIDA, INC.			
Principal Place of Business 3903 NORTH FLORIDA AVENUE TAMPA, FL 33603	Mailing Address 3903 NORTH FLORIDA AVENUE TAMPA, FL 33603		
<b>DO NOT WRITE IN THIS SPACE</b>			
		04052006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 75-3039214	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CAREY, MICHAEL R 712 SOUTH OREGON AVE TAMPA, FL 33606		<b>DO NOT WRITE IN THIS SPACE</b>	
B. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSSELMAN, D.R. II 6015 WILLIAMSBURG WAY TAMPA, FL 33625	<b>DO NOT WRITE IN THIS SPACE</b>  000000545079 05/11/06-80063-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSSELMAN, CAROLYN 6015 WILLIAMSBURG WAY TAMPA, FL 33625		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>5/1/06</u> Daytime Phone # <u>813-229-9331</u>	