

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000006078

**Entity Name:** I.D.E.A.L. FOR HEALTHCARE INC.

**Current Principal Place of Business:**

401 E JACKSON STREET, SUITE 3300  
TAMPA, FL 33602

**Current Mailing Address:**

401 E JACKSON STREET, SUITE 3300  
TAMPA, FL 33602 US

**FEI Number:** 88-2866600

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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:** UNITED STATES CORPORATION AGENTS, INC.

04/28/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P,D  
Name DUELL, KRISTEN  
Address 401 E JACKSON ST STE 3300  
City-State-Zip: TAMPA, HILLSBOROUGH FL 33602

Title S  
Name PICKERING, MICHELLE  
Address 401 E JACKSON STREET, SUITE 3300  
City-State-Zip: TAMPA FL 33602

Title T  
Name HARBOUR, TERESA  
Address 401 E JACKSON STREET, SUITE 3300  
City-State-Zip: TAMPA FL 33602

*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:** KRISTEN DUELL

P

04/28/2024

Electronic Signature of Signing Officer/Director Detail

Date