TAMPA, FL	33603		
FEI Number	: 75-3039214		Certificate of Status Desired
Name and Address of Current Registered Agent:			
CAREY, MICHAEL R 712 SOUTH OREGON AVE TAMPA, FL 33606 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			
Officer/Director Detail :			
Title	D	Title	D
Name	MUSSELMAN, D. R II	Name	MUSSELMAN, CAROLYN

Entity Name: IDEACOM HEALTHCARE COMMUNICATIONS OF FLORIDA, INC.

Current Principal Place of Business: 3903 NORTH FLORIDA AVENUE TAMPA, FL 33603

DOCUMENT# P02000035784

Current Mailing Address:

3903 NORTH FLORIDA AVENUE

F

13358 GOLF CREST CIRCLE

City-State-Zip: TAMPA FL 33618

Address

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.

D

SIGNATURE: D.R. MUSSELMAN II

Electronic Signature of Signing Officer/Director Detail

ired: No

Address 13358 GOLF CREST CIRCLE City-State-Zip: TAMPA FL 33618

04/02/2018

FILED Apr 02, 2018 Secretary of State CC9226048072

Date

Date