

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000035784

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

**Current Principal Place of Business:**

3903 NORTH FLORIDA AVENUE  
TAMPA, FL 33603

**Current Mailing Address:**

3903 NORTH FLORIDA AVENUE  
TAMPA, FL 33603

**FEI Number: 75-3039214**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title D  
Name MUSSELMAN, CAROLYN  
Address 13358 GOLF CREST CIRCLE  
City-State-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**

**PRESIDENT**

**03/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date