FEI Number: 75-3039214			Certificate of Status Desired
Name and	d Address of Current Registered Age	nt:	
CAREY, MIC 712 SOUTH TAMPA, FL	OREGON AVE		
The above na	med entity submits this statement for the purpose of cha	anging its registered office or re	gistered agent, or both, in the State of Florida.
SIGNATU	IRE:		
	Electronic Signature of Registered Agent		
Officer/D	irector Detail :		
Title	D	Title	D
Name	MUSSELMAN, D. R II	Name	MUSSELMAN, CAROLYN
Address	13358 GOLF CREST CIRCLE	Address	13358 GOLF CREST CIRCLE

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

DOCUMENT# P02000035784

Current Mailing Address:

3903 NORTH FLORIDA AVENUE TAMPA, FL 33603

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2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: IDEACOM HEALTHCARE COMMUNICATIONS OF FLORIDA, INC.

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

Electronic Signature of Signing Officer/Director Detail

Date

ired: No

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

> 04/08/2014 Date

DIRECTOR