	RTH FLORIDA AVENUE FL 33603		
FEI Num	ber: 75-3039214		Certificate of Status Des
Name an	d Address of Current Registered A	gent:	
	CHAEL R 1 OREGON AVE 1 33606 US		
The above na	amed entity submits this statement for the purpose of	changing its registered office or re	egistered agent, or both, in the State of Flo
SIGNATU	JRE:		
	Electronic Signature of Registered Age	nt	
Officer/D	irector Detail :		
Title	D	Title	D
Name	MUSSELMAN, D. R II	Name	MUSSELMAN, CAROLYN

DOCUMENT# P02000035784

3903 NORTH FLORIDA AVENUE

**Current Mailing Address:** 

TAMPA, FL 33603

**Current Principal Place of Business:** 

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

D

SIGNATURE: D.R. MUSSELMAN II

Electronic Signature of Signing Officer/Director Detail

## sired: No

04/28/2021

Date

Date

Secretary of State Entity Name: IDEACOM HEALTHCARE COMMUNICATIONS OF FLORIDA, INC. 1992486422CC