

**2nd and FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L96000001071**

**HEALTHCARE MARKETING SERVICES, L.C.**  
600 FAIRWAY DRIVE, SUITE 105  
DEERFIELD BEACH FL 33441

1a. Principal Place of Business Address

600 FAIRWAY DRIVE, SUITE 105  
DEERFIELD BEACH FL 33441

2. Principal Place of Business <b>3317 NW 10 TERRACE</b>	2a. Mailing Address
Suite, Apt. #, etc. <b>404</b>	Suite, Apt. #, etc.
City & State <b>FORT LAUDERDALE, FL</b>	City & State
Zip <b>33309</b>	Country <b>USA</b>

3. Date Organized or Qualified <b>10/11/1996</b>	3a. State of Formation <b>FL</b>
4. FEI Number <b>65-0699305</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report <b>05/01/1997</b>	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERE, D**  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

8. Name and Address of New Registered Agent/Office

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, etc. \_\_\_\_\_  
City \_\_\_\_\_ Zip Code **FL** *MJA*

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(If Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
	<b>MGRM SORENSON, BRAD</b>	<b>600 FAIRWAY DRIVE, SUITE 1</b>	<b>DEERFIELD BEACH FL</b>

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**\*\*\*588.75 \*\*\*588.75**

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE *[Signature]* Date **7/24/98** Daytime Phone # **954-563-8574**