

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 APR 29 PM 3: 22

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	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~~

Same →

1a. Principal Place of Business Address

3317 NW 10TH TERRACE , #404
 FORT LAUDERDALE FL 33309

2. Principal Place of Business	2a. Mailing Address
3317 NW 10 Ter	3317 NW 10 Ter
Suite, Apt. #, etc. 404	Suite, Apt. #, etc. 404
City & State Ft Laud, FL	City & State Ft Laud, FL
Zip 33309	Zip 33309
Country USA	Country USA

3. Date Organized or Qualified	3a. State of Formation
10/11/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0699305	
5. Date of Last Report	6. Certificate of Status Desired
08/03/1998	<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** *11111*

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 _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SORENSEN, BRAD	3317 NW 10 Ter #404 600 FAIRWAY DRIVE, SUITE	Ft Laud, FL 33309 DEERFIELD BEACH FL

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 ****188.75 ****188.75

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: *BRAD SORENSEN* 4/13/99 954-125-3000