

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

PS 1002

FILED

DOCUMENT # P95000067293

1. Entity Name

HEALTH CARE MARKETING AND SALES, INC.



OCT 12 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 05

2. Principal Place of Business
10719 NW 55th Street
Suite, Apt. #, etc.

3. Mailing Address
the same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coral Spring, Florida

City & State

4. FEI Number 20-0591546

Applied For
Not Applicable

Zip
33076

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Southwest 22 Street, 4th Floor

City Miami

FL

Zip Code
33145

8. 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. I am familiar with, and accept the obligations of registered agent. SPIEGEL & UTRERA, P.A.

SIGNATURE By: *Natalia Utrera* / *N.2.* Natalia Utrera, Vice President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
Jeffrey I. Bloom
10719 NW 55th St., Coral Springs, FL 33076

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200060720272
10/18/05--01067--003 **150.00

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12. I 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 report or supplemental reports is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other filers answered.

SIGNATURE:

Jeffrey I. Bloom

10/6/05 954-336-5565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/02)

15 2872

**AFFIDAVIT IN SUPPORT OF REQUEST TO
WAIVE THE FLORIDA DEPARTMENT OF STATE
CORPORATE REINSTATEMENT FEES**

STATE OF FLORIDA)
)
COUNTY OF DADE)

1. Jeffrey I. Bloom is the President of HEALTH CARE MARKETING AND SALES, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on September 16, 2005.
3. That the Corporation failed to file its 2005 Annual Report or pay the 2005 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2005 Annual Report fees and the filing of its 2005 Annual Reports, which are presented simultaneously with this Affidavit.
5. HEALTH CARE MARKETING AND SALES, INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 6th day of October, 2005

FURTHER, AFFIANT SAYETH NOT

HEALTH CARE MARKETING AND SALES,
INC.

By: _____

Jeffrey I. Bloom, President

SWORN AND SUBSCRIBED

before me this 6 day of Oct, 2005

Notary Public, State of Florida at Large

Printed Name: _____

Commission Expires: _____



Shamilla Ojah-Maharaj

Shamilla Ojah-Maharaj
4-14-07