

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90124 002 ***158.75

DOCUMENT # P95000067293

1. Entity Name

HEALTH CARE MARKETING AND SALES, INC.



Principal Place of Business

10719 N.W. 55TH STREET
CORAL SPRINGS, FL 33076 US

Mailing Address

10719 N.W. 55TH STREET
CORAL SPRINGS, FL 33076 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172006

Chg-P

CR2E034 (11/05)

4. FEI Number

~~20-0091546~~ 65-062154/8

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FL
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME BLOOM, JEFFREY I
STREET ADDRESS 10719 N.W. 55TH STREET
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeffrey I Bloom 1/17/06 336-5565 954-

ATTACHMENT



Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0038

40005349
#P95000067 293

In reply refer to: 0440222951
Oct. 28, 2005 LTR 147C i0
65-0621548 200412 02 000
Input Op: 0440222951 01697
BODC: SB

HEALTH CARE MARKETING AND SALES INC
10719 NW 55TH AVE
CORAL SPRINGS FL 33076

000164

Employer Identification Number: 65-0621548

Dear Taxpayer:

We received your request of Oct. 19, 2005, asking us to verify your Employer Identification Number (EIN) and name.

Your Employer Identification Number (EIN) is 65-0621548. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

ATTACHMENT

40005349

#P95000067293

0440222951

Oct. 28, 2005 LTR 147C i0

65-0621548 200412 02 000

Input Op: 0440222951 01698

HEALTH CARE MARKETING AND SALES INC
10719 NW 55TH AVE
CORAL SPRINGS FL 33076

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Rita Sandoval

Rita Sandoval
Accounts Management II

Enclosure(s):
Copy of this letter