## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # S30632** HEALTH CARE MARKETING SYSTEMS. INC. 03-20-2000 90006 022 \*\*\*150.00 Principal Place of Business Mailing Address BUS CASEY KEY RD 805 CASEY KEY RD NOKOMIS FL 34275-3377 NOKOMIS FL 34275 เนอ 2. Principal Place of Business 3. Mailing Address 5013 BROWNSBORD RD 6013 BROWNSBORD RO Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SHITE SUITE City & State City & State 4. FE! Number Applied For 65-0236998 LOUISVILLE KY LOUISVILLE Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired 40207 40207 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRICE, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 805 CASEY KEY RD **NOKOMIS FL 34275** Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. P-T-S-D TITLE Change ☐ Addition ☐ Delete TITLE BRICE, ROBERT M. BRICE, ROBERT M. NAME 805 CASEY KEY RO 805 CASEY KEY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NOKOMIS. FL 34275 CITY-ST-ZIP NOKOMIS FL ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR