

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90090 021 ***150.00

DOCUMENT # S30632

1. Entity Name

HEALTH CARE MARKETING SYSTEMS, INC.

Principal Place of Business

Mailing Address

6013 BROWNSBORO RD
 STE B
 LOUISVILLE KY 40207
 US

6013 BROWNSBORO RD
 STE B
 LOUISVILLE KY 40207
 US

2. Principal Place of Business

3. Mailing Address

6013 BROWNSBORO ROAD

6013 BROWNSBORO ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PARK BLVD*SUITE B

PARK BLVD*SUITE B

City & State

City & State

LOUISVILLE KY

LOUISVILLE KY

4. FEI Number

65-0236998

Applied For

Not Applicable

Zip

Country

Zip

Country

40207-1293

US

40207-1293

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRICE, ROBERT-M
805 CASEY KEY RD
NOKOMIS FL 34275

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.

SIGNATURE

Robert M. Brice, Pres.

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

(NOTE: Registered Agent signature required when reinstating)

4/2/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PTSD**
 STREET ADDRESS **BRICE, ROBERT M.**
 CITY-ST-ZIP **805 CASEY KEY RD**
NOKOMIS FL 34275

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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.

SIGNATURE:

Robert M. Brice, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

941-488-2333

Daytime Phone #

CR2E034 (10/00)

C0042330



DO NOT WRITE IN THIS SPACE