

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90081 035 ***150.00

DOCUMENT # S30632

1. Entity Name
HEALTH CARE MARKETING SYSTEMS, INC.

Principal Place of Business 6013 BROWNSBORO RD PARK BLVD. SUITE B LOUISVILLE KY 40207 US	Mailing Address 6013 BROWNSBORO RD PARK BLVD. SUITE B LOUISVILLE KY 40207 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6013 BROWNSBORO PARK	3. Mailing Address 6013 BROWNSBORO PARK
Suite, Apt. #, etc. BLVD SUITE B	Suite, Apt. #, etc. BLVD SUITE B
City & State LOUISVILLE KY	City & State LOUISVILLE KY
Zip 40207-1293	Country US

4. FEI Number 65-0236998	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD BRICE, ROBERT M. 805 CASEY KEY RD NOKOMIS FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** **3/14/02 941-488-2333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #

CRZE034 (9/01)