


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S30632**  
 1. Entity Name  
**HEALTH CARE MARKETING SYSTEMS, INC.**



<b>Principal Place of Business</b> 6013 BROWNSBORO PARK BLVD SUITE B LOUISVILLE, KY 40207-1293 US	<b>Mailing Address</b> 6013 BROWNSBORO PARK BLVD SUITE B LOUISVILLE, KY 40207-1293 US
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01222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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 N/A DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000115459  
 04/16/04-80025-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BRICE, ROBERT M. 805 CASEY KEY RD NOKOMIS, FL 34275
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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)(f), 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: Robert M. Brice **ROBERT M. BRICE-PRES** 941-488-2333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #