2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S30632

1. Entity Name

HEALTH CARE MARKETING SYSTEMS, INC.



Principal Place of Business

6013 BROWNSBORO PARK BLVD

SUITE B

LOUISVILLE, KY 40207-1293 US

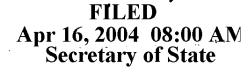
Mailing Address

6013 BROWNSBORO PARK BLVD

SUITE B

DO NOT WRITE IN THIS SPACE

LOUISVILLE, KY 40207-1293 US





01222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0236998 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

 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 agont and title if	applicable. (NOTE, Rec	gistered Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees	U00000115459 04/16/04-80025-006	150.00
10. TITLE NAME	OFFICERS AND DIRECT PTSD BRICE, ROBERT M.	TOAS				
STREET ADDRESS CITY-ST-ZIP	805 CASEY KEY RD NOKOMIS, FL 34275		·			- 1
NAME STREET ADORESS CITY-ST-ZIP						
TITLE HAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					en e	
TITLE NAME STREET ADDRESS						. 安元
12. I hereby	certify that the information supplied with this file	ling does not qualify for the	exemption state	d in Section 119.07(3)	(f), Florida Statutes, I further certify that	the information

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date M. Bries

ROBERT M. BRICE-PRES

941-488-2333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

€ Cate

Caylina Phone #