2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S30632

1. Entity Name
HEALTH CARE MARKETING SYSTEMS, INC.

Principal Place of Business	Mailing Address
6013 BROWNSBORO PARK BLVD SUITE B LOUISVILLE, KY 40207-1293 US	6013 BROWNSBORO PARK BLVD SUITE B LOUISVILLE, KY 40207-1293 US

DO NOT WRITE IN THIS SPACE

02182005   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

6. Name and Address of Current Registered Agent

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

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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**

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/05-80016-025 150.00

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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)(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: _Robert Bruce_ Robert M. Brice-President 2/24/05 941-488-2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #