


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

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



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</b>
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02262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0236998</b>	Applied For <input type="checkbox"/> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

U00000507076  
04/27/06-80050-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD BRICE, ROBERT M. 805 CASEY KEY RD NOKOMIS, FL 34275</b>
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 4/11/06 **941-488-2333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #