

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S30632

**FILED**  
**Apr 13, 2008**  
**Secretary of State**

**Entity Name:** HEALTH CARE MARKETING SYSTEMS, INC.

**Current Principal Place of Business:**

6013 BROWNSBORO PARK BLVD  
SUITE B  
LOUISVILLE, KY 402071293 US

**New Principal Place of Business:**

**Current Mailing Address:**

6013 BROWNSBORO PARK BLVD  
SUITE B  
LOUISVILLE, KY 402071293 US

**New Mailing Address:**

805 CASEY KEY ROAD  
NOKOMIS, FL 34275 US

FEI Number: 65-0236998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: BRICE, ROBERT M.,  
Address: 805 CASEY KEY RD  
City-St-Zip: NOKOMIS, FL 34275

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. BRICE

PRES

04/13/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date