

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 01, 2008
Secretary of State**

DOCUMENT# S30632

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:

1390 GULF BLVD
501
CLEARWATER BEACH, FL 33767 US

Current Mailing Address:

805 CASEY KEY ROAD
NOKOMIS, FL 34275 US

New Mailing Address:

1390 GULF BLVD
501
CLEARWATER BEACH, FL 33767 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:

HOLTMAN, MARY W
1390 GULF BLVD
501
CLEARWATER BEACH, FL 33767 US

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: MARY W HOLTMAN 10/01/2008
Electronic Signature of Registered Agent Date

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: PTSD (X) Change () Addition
Name: HOLTMAN, MARY W
Address: 1390 GULF BLVD # 501
City-St-Zip: CLEARWATER BEACH, FL 33767

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: MARY W HOLTMAN PRES 10/01/2008
Electronic Signature of Signing Officer or Director Date