

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S30632

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1390 GULF BLVD  
# 501  
CLEARWATER BEACH, FL 33767 US

**New Principal Place of Business:**

**Current Mailing Address:**

1390 GULF BLVD  
# 501  
CLEARWATER BEACH, FL 33767 US

**New Mailing Address:**

**FEI Number:** 65-0236998      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: HOLTMAN, MARY W  
Address: 1390 GULF BLVD # 501  
City-St-Zip: CLEARWATER BEACH, FL 33767

I hereby 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 all other like empowered.

SIGNATURE: MARY W. HOLTMAN

PRES

02/10/2011

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

\_\_\_\_\_  
Date