

S30632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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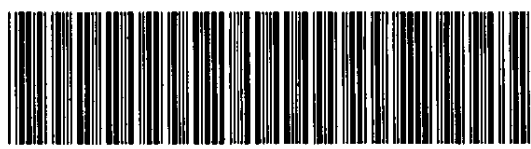
(Business Entity Name)

(Document Number)

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R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HEALTH CARE MARKETING SYSTEMS INC  
Name of Corporation

**DOCUMENT NUMBER:** S30632

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARY W. HOLTMAN  
Name of Contact Person

HEALTH CARE MARKETING SYSTEMS INC  
Firm/Company

37 OAKWOOD ROAD  
Address

HUNTINGTON, WV 25701-4148  
City/State and Zip Code

JTFCPA@BELLSOUTH.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN T FINLAY CPA at ( 502 ) 897-3447  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: HEALTH CARE MARKETING SYSTEMS INC
2. The principal office address: 37 OAKWOOD ROAD HUNTINGTON, WV 25701-4148
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 02-07-1991 Document number: S30632
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

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

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LINDA J. LIBONATE
171 MARINA DEL REY CT
P.O. Box NOT acceptable
CLEARWATER BEACH, FL 33767

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Mary W. Holtman
Signature of an officer or director

MARY W. HOLTMAN - PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Linda J. Libonate
Signature of Registered Agent

4/12/10
Date

If signing on behalf of an entity:

N/A
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*