


**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90030 020 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L00000007877</b> 1. Entity Name <b>TEAMS, LLC</b>					
Principal Place of Business <b>802 STERTHAUS AVENUE, SUITE C          ORMOND BEACH, FL 32174</b>			Mailing Address <b>802 STERTHAUS AVENUE, SUITE C          ORMOND BEACH, FL 32174</b>		
2. Principal Place of Business <b>345 Clyde Morris Blvd.</b> Suite, Apt. #, etc. <b>Suite 330</b>		3. Mailing Address <b>345 Clyde Morris Blvd.</b> Suite, Apt. #, etc. <b>Suite 330</b>			
City & State <b>Ormond Beach, FL</b>		City & State <b>Ormond Beach, FL</b>			
Zip <b>32174</b>		Country <b>Volusia</b>		Zip <b>32174</b>	
Country <b>Volusia</b>		4. FEI Number <b>59-3659618</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MAKOWSKI, MICHAEL K MD          802 STERTHAUS AVENUE, SUITE C          ORMOND BEACH, FL 32174</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00          Due by May 1, 2006</b>		<b>Make check payable to          Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE <b>MGR</b>	NAME <b>MAKOWSKI, MICHAEL K</b>		TITLE <b>Mngr</b>	NAME <b>MAKOWSKI, Michael K.</b>	
STREET ADDRESS <b>802 STERTHAUS AVE., SUITE C</b>	CITY-ST-ZIP <b>ORMOND BEACH, FL 32174</b>		STREET ADDRESS <b>345 Clyde Morris Blvd, Suite 330</b>	CITY-ST-ZIP <b>Ormond Beach, FL 32174</b>	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

**SIGNATURE:** Michael K. Makowski MD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4/11/06 Daytime Phone # (386) 672-4244