

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007877

FILED
Apr 16, 2009
Secretary of State

Entity Name: TEAMS, LLC

Current Principal Place of Business:

345 CLYDE MORRIS BLVD STE 330
ORMOND BEACH, FL 32174

New Principal Place of Business:

345 CLYDE MORRIS BLVD
STE 330
ORMOND BEACH, FL 32174

Current Mailing Address:

345 CLYDE MORRIS BLVD STE 330
ORMOND BEACH, FL 32174

New Mailing Address:

345 CLYDE MORRIS BLVD
STE 330
ORMOND BEACH, FL 32174

FEI Number: 59-3659618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAKOWSKI, MICHAEL K MD
345 CLYDE MORRIS BLVD
SUITE 330
ORMOND BEACH, FL 32174 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAKOWSKI, MICHAEL K
Address: 345 CLYDE MORRIS BLVD STE 330
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: SPERTUS, ALAN D
Address: 345 CLYDE MORRIS BLVD SUITE 330
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: TEN HULZEN, RICHARD D
Address: 345 CLYDE MORRIS BLVD SUITE 330
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM (X) Delete
Name: KENNEDY, MARK E
Address: 345 CLYDE MORRIS BLVD SUITE 330
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MAKOWSKI, MICHAEL K MD
Address: 345 CLYDE MORRIS BLVD STE 330
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM (X) Change () Addition
Name: SPERTUS, ALAN D MD
Address: 345 CLYDE MORRIS BLVD SUITE 330
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM (X) Change () Addition
Name: KENNEDY, MARK E MD
Address: 345 CLYDE MORRIS BLVD SUITE 330
City-St-Zip: ORMOND BEACH, FL 32174

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 is true and accurate and that my electronic 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 608, Florida Statutes.

SIGNATURE: MICHAEL K MAKOWSKI, MD

MGR

04/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date