


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 APR 25 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000029028 1. Entity Name EPS-TEAM, L.L.C.	
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Principal Place of Business 14050 NW 14TH STREET, SUITE 190 FORT LAUDERDALE, FL 33323	Mailing Address 14050 NW 14TH STREET, SUITE 190 FORT LAUDERDALE, FL 33323
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

BK



04142005	Chg-LLC	CR2E083 (10/03)	
4. FEI Number 75-3083054		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRINCIPE, NEIL J M.D. 14050 N.W. 114TH ST., SUITE 190 FORT LAUDERDALE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 24pt; font-weight: bold; text-align: center;">300051843843</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASSINGALE, H. LYNN M.D. 1900 WINSTON RD. KNOXVILLE, TN 37919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HATCHER, MICHAEL 1900 WINSTON RD. KNOXVILLE, TN 37919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT JONES, DAVID 1900 WINSTON RD. KNOXVILLE, TN 37919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS POBGE, THOMAS 14050 N.W. 14TH ST., SUITE 190 FORT LAUDERDALE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STAIR, JOHN R 1900 WINSTON RD. KNOXVILLE, TN 37919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

SIGNATURE: _____ *Asst. Sec.* Date: 4/22/05 Daytime Phone #: 888-293-5665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CSC. **LO2 0000 290 28**

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 332558 7182683

AUTHORIZATION : *Patricia Pizuto*

COST LIMIT : \$ 50.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ORDER DATE : April 25, 2005

ORDER TIME : 9:46 AM

ORDER NO. : 332558-010

CUSTOMER NO: 7182683

BM

CUSTOMER: John Stair, Esq
Team Health, Inc.
Suite 300
1900 Winston Road
Knoxville, TN 37919

ANNUAL REPORT FILING

NAME: EPS-TEAM, L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: _____

05 APR 25 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA