


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.	

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04142005 Chg-LLC CR2E083 (10/03)

4. FEI Number 75-3083054	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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**

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 300051843843
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 POBGEE, 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.** 4/24/05 885-293-5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CSC. **LO2 0000 29028**

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 332558 7182683

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 50.00

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TALLAHASSEE, FLORIDA

ORDER DATE : April 25, 2005

ORDER TIME : 9:46 AM

ORDER NO. : 332558-010

CUSTOMER NO: 7182683

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

BN

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: _____

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