

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000001508

FILED
Dec 06, 2009
Secretary of State**Entity Name:** TEAM E.M.S., LLC**Current Principal Place of Business:**9509 NEW WATERFORD COVE
DELRAY BEACH, FL 33446 US**New Principal Place of Business:****Current Mailing Address:**9509 NEW WATERFORD COVE
DELRAY BEACH, FL 33446 US**New Mailing Address:****FEI Number:** 20-2977290**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHATZ, RANDEE S
220 SUNRISE AVENUE
SUITE 209
PALM BEACH, FL 33480 US**Name and Address of New Registered Agent:**KATZ, STEVEN H
9509 NEW WATERFORD COVE
DELRAY BEACH, FL 33446 US

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: STEVEN KATZ

12/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: D () Delete
Name: KATZ, STEVEN H
Address: 9509 NEW WATERFORD COVE
City-St-Zip: DELRAY BEACH, FL 33446 USTitle: D () Delete
Name: KATZ, NICOLE A
Address: 9509 NEW WATERFORD COVE
City-St-Zip: DELRAY BEACH, FL 33446 US**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip: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: STEVEN KATZ

CEO

12/06/2009

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