

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # L05000043472

1. Entity Name
TEAM HEALTH PARTNERS, LLC



Principal Place of Business
157 SW 127 AVE, STE 200
PLANTATION, FL 33325

Mailing Address
PO BOX 16088
PLANTATION, FL 33318



04302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2863150

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLEDSON, FORREST L
157 SW 127 AVE, STE 200
PLANTATION, FL 33325

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLEDSON, FORREST L 157 SW 127 AVE, STE 200 PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINE, SUSAN H 740 CONCH SHELL PLACE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BULLARD, JANET C 157 SW 127 AVE, STE 200 PLANTATION, FL 33325
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05/24/07-80051-022 50.00

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/29/07 954-444-3928

Date

Daytime Phone #