


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000091319		
1. Entity Name TEAM ONCO, INC.		
Principal Place of Business 3155 N MCMULLEN BOOTH RE CLEARWATER, FL 33761-2008	Mailing Address 3155 N MCMULLEN BOOTH RE CLEARWATER, FL 33761-2008	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SMITH, THOMAS B ESQ. 150 SECOND AVE. N., #1100 ST. PETERSBURG, FL 33701		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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEISLER, ROBERT 624 BELLE ISLE AVE. BELLEAIR, FL 34634	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRODSKY, NORMAN 1346 PRESERVATION WAY OLDSMAR, FL 34677	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSEN, JOSEPH 776 1ST COURT PALM HARBOR, FL 34684	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAUWITZ, MICHAEL 4761 HAMPTON COURT OLDSMAR, FL 34677	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NORBERGS, D. ANDA 5200 ENCLAVE DR. OLDSMAR, FL 34677	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTE, IDELFIA 3516 WOODRIDGE PLACE PALM HARBOR, FL 34684	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Idelfia Marte</i>		1/12/04 754-6279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3678608** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U00000005500
01/15/04-80055-005 150.00

**DO NOT WRITE
IN THIS SPACE**