


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90080 016 ***150.00

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
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2. Principal Place of Business 3850 Tampa Road Suite, Apt. #, etc. Suite 202 City & State Palm Harbor FL Zip 34684 Country Pinellas	3. Mailing Address 3850 Tampa Road Suite, Apt. #, etc. Suite 202 City & State Palm Harbor FL Zip 34684 Country Pinellas
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02142005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3678608	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, THOMAS B ESQ. 150 SECOND AVE. N., #1100 ST. PETERSBURG, FL 33701	7. Name and Address of New Registered Agent Name Timothy T. McLaughlin MD Street Address (P.O. Box Number is Not Acceptable) 3850 Tampa Road Suite 202 City Palm Harbor FL Zip 34684
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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 Timothy T. McLaughlin DATE 2/16/05
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEISLER, ROBERT 624 BELLE ISLE AVE. BELLEAIR, FL 34634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Timothy T. McLaughlin 525 Old Oak Circle Palm Harbor FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODSKY, NORMAN 1346 PRESERVATION WAY OLDSMAR, FL 34677 <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	D ROSEN, JOSEPH 776 1ST COURT PALM HARBOR, FL 34684 <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	D GAUWITZ, MICHAEL 4761 HAMPTON COURT OLDSMAR, FL 34677 <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	D NORBERGS, D. ANDA 5200 ENCLAVE DR. OLDSMAR, FL 34677 <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	D MARTE, IDELFIA 3516 WOODRIDGE PLACE PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Timothy T. McLaughlin DATE 2/19/05 DAYTIME PHONE # 727 784 5995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR