2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000091319

1. Entity Name
TEAM ONCO, INC.

Principal Place of Business	Mailing Address
3850 TAMPA ROAD STE 202 PALM HARBOR, FL 34684	3850 TAMPA ROAD STE 202 PALM HARBOR, FL 34684

01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

LANGHIN, TIMOTHY T MD
3850 TAMPA ROAD
STE 202
PALM HARBOR, FL 39684

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCLAUGHLIN, TIMOTHY T
STREET ADDRESS	525 OLD OAK CIRCLE
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	D
NAME	BRODSKY, NORMAN
STREET ADDRESS	1346 PRESERVATION WAY
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	GAUWITZ, MICHAEL
STREET ADDRESS	4761 HAMPTON COURT
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	NORBERGS, D. ANDA
STREET ADDRESS	5200 ENCLAVE DR
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	MARTE, IDELFIA
STREET ADDRESS	3516 WOODRIDGE PLACE
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/06-80005-017 150.00

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12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy T McLaughlin 1/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #