
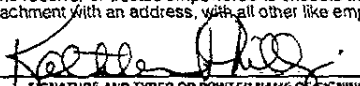


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

| | | |
|--|---|---|
| DOCUMENT # P01000030866 1. Entity Name TEAM NURSING, INC. | |  |
| Principal Place of Business 2714 N. UNIVERSITY DRIVE SUNRISE, FL 33322 | Mailing Address 2714 N. UNIVERSITY DRIVE SUNRISE, FL 33322 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent COHN, ALAN B 2021 TYLER ST HOLLYWOOD, FL 33020 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | PD PHILLIPS, KATHLEEN 2714 N. UNIVERSITY DRIVE SUNRISE, FL 33322 | <p>U000000546093 05/11/06-80103-003 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD PHILLIPS, LARRY 2714 N. UNIVERSITY DRIVE SUNRISE, FL 33322 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| 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 if changed, or on an attachment with an address, with all other like empowered. | | |
| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date: 4/26/06 Daytime Phone #: 954 742 8694 |



02282006 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 65-0785615 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |