## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000089254

## FILED Apr 11, 2005 08:00 AM Secretary of State

1. Entity Name TEAMPATH, INC.						J	
2672 CLUBHOUSE DR. NORTH 2		Mailing Address 2672 CLUBHOUSE DR. NO CLEARWATER, FL 33761	ORTH	1 100/1002 1/1 00/14	1100 000 000 000 000 000 000	TI IANK IANG IATU D	
	O NOT WRI	ACE	04052005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For				
				22-382874	5		Not Applicable
			the property of the second sec	5. Certificate of St	atus Desired [	□ \$8.75 Fee Rec	Additional ruired
	6. Name and Address of Cu	rrent Registered Agent		-			
	ARRY L BHOUSE DR. NORTH ATER, FL 33761		DO NOT WRITE IN THIS SPACE				
	named entity submits this statem tions of registered agent.	nent for the purpose of changing its reg	istered office or regist	ered agent, or both, in	the State of Florida	. I am familiar v	ith, and accept
SIGNATURE.	Signature, typed or printed name of registerer	d agent and title It applicable. (NOTE, Re	gistered Agent signature requir	ed when reinstating)	<del></del>	DATE	
FIL After M	E NOW!!! FEE IS \$150.0 ay 1, 2005 Fee will be \$!	9. Election Campaign	Financing \$	5.00 May Be ided to Fees			
10.		AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D RUBIN, BARRY L 2672 CLUBHOUSE DR. NO CLEARWATER, FL 33761	RTH		Ü	U0000029 4/11/05-80	9449 108-017	150.00

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling closs 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 occurate 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 Justee 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:

CITY-ST-ZIP

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
STREET ADDRESS
STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727.723-5080

Daylime Phone #