


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90164 025 \*\*\*158.75

<b>DOCUMENT # P02000016175</b>		
1. Entity Name <b>TEAM MEDICAL SUPPLIES, INC.</b>		

Principal Place of Business <b>19591 NE 10TH AVE, #D MIAMI, FL 33179</b>	Mailing Address <b>19591 NE 10TH AVE, #D MIAMI, FL 33179</b>
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2. Principal Place of Business <b>1560 Sawgrass Corporate Pkwy Suite, Apt. #, etc. 453</b>	3. Mailing Address <b>1560 Sawgrass Corporate Pkwy Suite, Apt. #, etc. 453</b>
City & State <b>Sunrise, FL</b>	City & State <b>Sunrise, FL</b>
Zip <b>33323</b>	Country <b>USA</b>



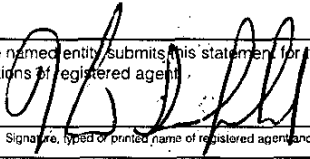
04202005 Chg-P CR2E034 (10/03)

4. FEI Number <b>75-2983625</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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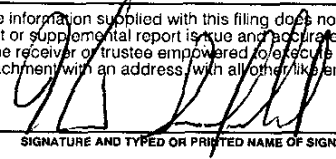
6. Name and Address of Current Registered Agent <b>GRUNFELD, HOWARD S 1147 HILLSBORO MILE 806 SOUTH HILLSBORO BEACH, FL 33062</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> Zip Code	

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 <b>4/21/05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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 PEREZ, JOSEPH <b>19591 NE 10TH AVE, STE-D MIAMI, FL 33179</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1560 Sawgrass Corporate Pkwy, Ste 453 Sunrise, FL 33323</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUNFELD, HOWARD <b>19591 NE 10TH AVE, STE-D MIAMI, FL 33179</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1560 Sawgrass Corporate Pkwy, Ste 453 Sunrise, FL 33323</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 	DATE <b>4/21/05</b> DAYTIME PHONE # <b>305 967 4996</b>