

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040625

Entity Name: TEAM HEALTHCARE, INC.

FILED
Mar 16, 2004
Secretary of State

Current Principal Place of Business:

2390 BCH DR STE 101
AVON PK, FL 33825

New Principal Place of Business:

2390 BEACH DR.
SUITE 101
AVON PK, FL 33825

Current Mailing Address:

2390 BCH DR STE 101
AVON PK, FL 33825

New Mailing Address:

2390 BEACH DR.
SUITE 101
AVON PK, FL 33825

FEI Number: 03-0427854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENSEN, DAVID A
2390 BCH DR STE 101
AVON PK, FL 33825

Name and Address of New Registered Agent:

JENSEN, DAVID A
2390 BEACH DR.
SUITE 101
AVON PK, FL 33825

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.

SIGNATURE: DAVID A. JENSEN

03/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUNSTEENS, DAVID J
Address: 1346 SAFFRON WAY
City-St-Zip: NEW PORT RICHEY, FL 346554508

Title: D () Delete
Name: MCBROOM, BARRY D
Address: 2231 N BENNETT RD
City-St-Zip: AVON PK, FL 338259078

Title: D () Delete
Name: JENSEN, DAVID A
Address: 2631 ISLAND DR
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCBROOM, BARRY D
Address: 3201 NE LAKE SEBRING DR.
City-St-Zip: SEBRING, FL 33870

Title: D (X) Change () Addition
Name: JENSEN, DAVID A
Address: 1617 NE LAKEVIEW DR.
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. JENSEN

D

03/16/2004

Electronic Signature of Signing Officer or Director

Date