2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# P04000172999

Entity Name: TEAM MANAGEMENT OF TALLAHASSEE, INC.

Current Principal Place of Business:

2800 MAHAN DR
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 38355
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 20-2068469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOWLAND JR, CHARLES L ESQ
3020 N SHANNON LAKES DR
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: BARBER, ROBIN C
Address: 4325 OAKMONT DR
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: BARBER, ROBIN C
Address: P.O. BOX 38355
City-St-Zip: TALLAHASSEE, FL 32315

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBIN C. BARBER PSD 02/18/2009

Electronic Signature of Signing Officer or Director — Date