


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

5/7 **FILED**  
**Jun 27, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90022 012 \*\*\*150.00

**DOCUMENT # P07000112308**

1. Entity Name  
**MIKE & ERICA'S TEAM HEALTH, INC.**



Principal Place of Business      Mailing Address  
**114 SW 7TH AVE**                      **114 SW 7TH AVE**  
**BOYNTON BEACH, FL 33435 US**      **BOYNTON BEACH, FL 33435 US**

**00014870**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.



04292008      Chg-P      CR2E034 (12/06)

City & State                      City & State

4. FEI Number  
**26-121-8003**                      Applied For  
Not Applicable

Zip      Country                      Zip      Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHN PORTER ACCOUNTING INC**  
**400 S FEDERAL HWY**  
**404**  
**FLORIDA, FL 33435**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City                      **FL**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VITTOE, MICHAEL	
STREET ADDRESS	114 SW 7TH AVE	
CITY - ST - ZIP	BOYNTON BEACH, FL 33435	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHMID, ERICA	
STREET ADDRESS	114 S W 7TH AVE	
CITY - ST - ZIP	BOYNTON BEACH, FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *M J A*      **4-29-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #