

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000010601

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** TEAM MEDICAL GROUP, INC.

**Current Principal Place of Business:**

6077 LONG BAYOU WAY N.  
ST. PETERSBURG, FL 33708

**New Principal Place of Business:**

7000 BRYAN DAIRY ROAD #A5  
LARGO, FL 33777 UN

**Current Mailing Address:**

6077 LONG BAYOU WAY N.  
ST. PETERSBURG, FL 33708

**New Mailing Address:**

**FEI Number:** 36-4689259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREENLEAF, BARRY  
6077 LONG BAYOU WAY N.  
ST. PETERSBURG, FL 33708 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

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: GREENLEAF, BARRY  
Address: 6077 LONG BAYOU WAY N  
City-St-Zip: ST. PETERSBURG, FL 33708

Title: VPS  
Name: GREENLEAF, KATIE  
Address: 6077 LONG BAYOU WAY N  
City-St-Zip: ST. PETERSBURG, FL 33708

I hereby 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 all other like empowered.

SIGNATURE: BARRY GREENLEAF

PRES

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date