

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043195

1. Entity Name

TEAM MEDICAL CORPORATION

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90072 017 ***150.00

Principal Place of Business

681-687 NE 167TH STR
N MIAMI BCH FL 33162
US

Mailing Address

% OLA OLAIGBE
P O BOX 681181
MIAMI FL 33168-1181
US

J U O J O T



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0667521

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

7. Name and Address of New Registered Agent

OLAIGBE, OLA
18441 NW 2 AVE #220
MIAMI FL 33169

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete
NAME OLAIGBE, OLA
STREET ADDRESS 2279 NW 126TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME OLAIGBE, OLA
STREET ADDRESS 2279 NW 126TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)