


## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
05 APR 25 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F03000001358</b>					
1. Entity Name <b>TEAM HEALTH ANESTHESIA MANAGEMENT SERVICES, INC.</b>					
Principal Place of Business <b>3626 RUFFIN ROAD SAN DIEGO, CA 92123</b>			Mailing Address <b>3626 RUFFIN ROAD SAN DIEGO, CA 92123</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>33-0620937</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C OTTAVIANO, PAUL 1900 WINSTON ROAD, STE. 300 KNOXVILLE, TN 37919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Asst. Sec. John Stair 1900 Winston Rd. Knoxville, TN 37919</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SNYDER, BENJAMIN 3626 RUFFIN RD SAN DIEGO, CA 92123	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ALLISON, LESLEY 3626 RUFFIN ROAD SAN DIEGO, CA 92123	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400051843914</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, MICHELE 3626 RUFFIN RD SAN DIEGO, CA 92123	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MASSINGALE, H. LYNN 1900 WINSTON ROAD, STE. 300 KNOXVILLE, TN 37919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP VIGLOTTI, GEORGE 3626 RUFFIN ROAD SAN DIEGO, CA 92123	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <i>John Stair</i> <b>4/22/05</b> <b>865-743-2665</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					

*CRoberts APR 25 2005*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 332558 7182683

AUTHORIZATION

*Patricia Pajuts*

COST LIMIT : \$ 150.00

ORDER DATE : April 25, 2005

ORDER TIME : 9:45 AM

ORDER NO. : 332558-005

CUSTOMER NO: 7182683

CUSTOMER: John Stair, Esq  
Team Health, Inc.  
Suite 300  
1900 Winston Road  
Knoxville, TN 37919

ANNUAL REPORT FILING

NAME: TEAM HEALTH ANESTHESIA  
MANAGEMENT SERVICES, INC.

APR 25 2005 12:00 PM  
FBI - MEMPHIS

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: \_\_\_\_\_