

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001358

FILED
Apr 27, 2007
Secretary of State

Entity Name: TEAM HEALTH ANESTHESIA MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

3626 RUFFIN ROAD
SAN DIEGO, CA 92123

New Principal Place of Business:

1900 WINSTON ROAD, SUITE 300
KNOXVILLE, TN 37919

Current Mailing Address:

3626 RUFFIN ROAD
SAN DIEGO, CA 92123

New Mailing Address:

1900 WINSTON ROAD, SUITE 300
KNOXVILLE, TN 37919

FEI Number: 33-0620937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: SGC () Delete
Name: BURBEL, GLENN
Address: 3626 RUFFIN RD
City-St-Zip: SAN DIEGO, CA 92123

Title: DP () Delete
Name: SNYDER, BENJAMIN
Address: 3626 RUFFIN RD
City-St-Zip: SAN DIEGO, CA 92123

Title: CFO () Delete
Name: ZINSER, GREY
Address: 3626 RUFFIN RD
City-St-Zip: SAN DIEGO, CA 92123

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TAYLOR, ALAN
Address: 1900 WINSTON ROAD, SUITE 300
City-St-Zip: KNOXVILLE, TN 37919

Title: VP (X) Change () Addition
Name: MASSINGALE, H. LYNN
Address: 1900 WINSTON ROAD, SUITE 300
City-St-Zip: KNOXVILLE, TN 37919

Title: T (X) Change () Addition
Name: JONES, DAVID
Address: 1900 WINSTON ROAD, SUITE 300
City-St-Zip: KNOXVILLE, TN 37919

Title: S () Change (X) Addition
Name: JOYNER, ROBERT
Address: 1900 WINSTON ROAD, SUITE 300
City-St-Zip: KNOXVILLE, TN 37919

Title: AS () Change (X) Addition
Name: STAIR, JOHN
Address: 1900 WINSTON ROAD, SUITE 300
City-St-Zip: KNOXVILLE, TN 37919

Title: AT () Change (X) Addition
Name: BELMAR, CAROLE
Address: 1900 WINSTON ROAD, SUITE 300
City-St-Zip: KNOXVILLE, TN 37919

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: JOHN STAIR

AS

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date