

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001993

Entity Name: TEAM ANESTHESIA, INC.**Current Principal Place of Business:**265 BROOKVIEW CENTRE WAY, SUITE400
ATTN: LEGAL
KNOXVILLE, TN 37919**Current Mailing Address:**265 BROOKVIEW CENTRE WAY, SUITE400
ATTN: LEGAL
KNOXVILLE, TN 37919**FEI Number:** 62-1801891**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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

Officer/Director Detail :

| | |
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| Title | D |
| Name | ROGERS, OLIVER |
| Address | 265 BROOKVIEW CENTRE WAY, SUITE 400 |
| City-State-Zip: | KNOXVILLE TN 37919 |

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| Title | D |
| Name | ROTH, GREG |
| Address | 265 BROOKVIEW CENTRE WAY, SUITE 400 |
| City-State-Zip: | KNOXVILLE TN 37919 |

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|-----------------|-------------------------------|
| Title | PRESIDENT |
| Name | WEISS, JEFFREY MD |
| Address | 7111 FAIRWAY DRIVE, SUITE 450 |
| City-State-Zip: | PALM BEACH GARDENS FL 33418 |

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|-----------------|--|
| Title | AS |
| Name | STAIR, JOHN R |
| Address | 265 BROOKVIEW CENTRE WAY, SUITE 400 |
| City-State-Zip: | KNOXVILLE TN 37919 |

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|-----------------|--|
| Title | AT |
| Name | BELMAR, CAROLE |
| Address | 265 BROOKVIEW CENTRE WAY, SUITE 400 |
| City-State-Zip: | KNOXVILLE TN 37919 |

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|-----------------|---|
| Title | SECRETARY |
| Name | ALLEN, HEIDI S |
| Address | 265 BROOKVIEW CENTRE WAY, SUITE 400 ATTN: LEGAL |
| City-State-Zip: | KNOXVILLE TN 37919 |

| | |
|-----------------|---|
| Title | TREASURER |
| Name | JONES, DAVID |
| Address | 265 BROOKVIEW CENTRE WAY, SUITE 400 ATTN: LEGAL |
| City-State-Zip: | KNOXVILLE TN 37919 |

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: JOHN R. STAIR**ASSISTANT SECRETARY** 04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date