

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90332 025 \*\*\*150.00

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|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # F03000001358</b><br>1. Entity Name<br><b>TEAM HEALTH ANESTHESIA MANAGEMENT SERVICES, INC.</b>  |   |  |   |   |  |
| Principal Place of Business<br><b>3626 RUFFIN ROAD<br/>SAN DIEGO, CA 92123</b>   |   |  | Mailing Address<br><b>3626 RUFFIN ROAD<br/>SAN DIEGO, CA 92123</b>  |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |   |  |
| City & State   |   | City & State   |   |   |  |
| Zip  | Country   | Zip  | Country   | 04132005 Chg-P CR2E034 (10/03)<br>4. FEI Number<br><b>33-0620937</b>                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | C<br><b>OTTAVIANO, PAUL</b><br><b>1900 WINSTON ROAD, STE. 300</b><br><b>KNOXVILLE, TN 37919</b> <input type="checkbox"/> Delete       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | *See attached Director/Officer Rider<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br><b>SNYDER, BENJAMIN</b><br><b>3626 RUFFIN RD</b><br><b>SAN DIEGO, CA 92123</b> <input type="checkbox"/> Delete                  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SVP<br><b>ALLISON, LESLEY</b><br><b>3626 RUFFIN ROAD</b><br><b>SAN DIEGO, CA 92123</b> <input checked="" type="checkbox"/> Delete     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><b>PHILLIPS, MICHELE</b><br><b>3626 RUFFIN RD</b><br><b>SAN DIEGO, CA 92123</b> <input type="checkbox"/> Delete                  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | EVP<br><b>MASSINGALE, H. LYNN</b><br><b>1900 WINSTON ROAD, STE. 300</b><br><b>KNOXVILLE, TN 37919</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SVP<br><b>VIGLOTTI, GEORGE</b><br><b>3626 RUFFIN ROAD</b><br><b>SAN DIEGO, CA 92123</b> <input checked="" type="checkbox"/> Delete    |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 links empowered. |   |  |   |   |  |
| <b>SIGNATURE:</b> <b>Benjamin Snyder, President</b> 4/21/05<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |   |   |  |

ATTACHMENT

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#F03000001358

**TEAM HEALTH ANESTHESIA MANAGEMENT SERVICES, INC.**

**2005 DIRECTOR/OFFICER RIDER**

| <u>Office Held</u>                        | <u>Name</u>        | <u>Address</u>                           |
|---|--------------------|--|
| Director                                  | Paul Ottaviano     | 1900 Winston Road<br>Knoxville, TN 37919 |
| Director, CEO and President               | Benjamin Snyder    | 3626 Ruffin Road<br>San Diego, CA 92123  |
| Director and CFO                          | Michele Phillips   | 3626 Ruffin Road<br>San Diego, CA 92123  |
| Executive Vice President                  | H. Lynn Massingale | 1900 Winston Road<br>Knoxville, TN 37919 |
| Vice President Legal Affairs              | Robert Joyner      | 1900 Winston Road<br>Knoxville, TN 37919 |
| Chief Operating Officer                   | Maury Parrish      | 3626 Ruffin Road<br>San Diego, CA 92123  |
| Interim General Counsel and<br>Secretary  | Glenn Buberl       | 3626 Ruffin Road<br>San Diego, CA 92123  |
| Vice President and Treasurer              | David Jones        | 1900 Winston Road<br>Knoxville, TN 37919 |
| Vice President and Assistant<br>Secretary | Stephen Sherlin    | 1900 Winston Road<br>Knoxville, TN 37919 |
| Assistant Secretary                       | John Stair         | 1900 Winston Road<br>Knoxville, TN 37919 |
| Assistant Treasurer                       | Carole Belmar      | 1900 Winston Road<br>Knoxville, TN 37919 |