

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000001358

1. Entity Name
TEAM HEALTH ANESTHESIA MANAGEMENT SERVICES,
INC.



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

Principal Place of Business
3626 RUFFIN ROAD
SAN DIEGO, CA 92123

Mailing Address
3626 RUFFIN ROAD
SAN DIEGO, CA 92123

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142005

Chg-P

CR2E034 (10/03)

4. FEI Number
33-0620937

Applied For
Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME OTTAVIANO, PAUL
STREET ADDRESS 1900 WINSTON ROAD, STE. 300
CITY-ST-ZIP KNOXVILLE, TN 37919

TITLE ☐ Change ☒ Addition
NAME Asst. Sec.
STREET ADDRESS John Stair
1900 Winston Rd.
CITY-ST-ZIP Knoxville, TN 37919

TITLE DP ☐ Delete
NAME SNYDER, BENJAMIN
STREET ADDRESS 3626 RUFFIN RD
CITY-ST-ZIP SAN DIEGO, CA 92123

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

TITLE SVP ☒ Delete
NAME ALLISON, LESLEY
STREET ADDRESS 3626 RUFFIN ROAD
CITY-ST-ZIP SAN DIEGO, CA 92123

TITLE ☐ Change ☐ Addition
NAME 400051843914
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME PHILLIPS, MICHELE
STREET ADDRESS 3626 RUFFIN RD
CITY-ST-ZIP SAN DIEGO, CA 92123

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

TITLE EVP ☐ Delete
NAME MASSINGALE, H. LYNN
STREET ADDRESS 1900 WINSTON ROAD, STE. 300
CITY-ST-ZIP KNOXVILLE, TN 37919

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

TITLE SVP ☐ Delete
NAME VIGLOTTI, GEORGE
STREET ADDRESS 3626 RUFFIN ROAD
CITY-ST-ZIP SAN DIEGO, CA 92123

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Stair

4/22/05

Date

865-743-2665

Daytime Phone #

CR Roberts APR 25 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 332558 7182683

AUTHORIZATION

Patricia Pajito

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.

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: _____