## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # F03000001358 TEAM HEALTH ANESTHESIA MANAGEMENT SERVICES,



**FILED** Feb 15, 2006 8:00 am Secretary of State

02-15-2006 90034 035 \*\*\*150.00

INC.		*/									
Principal Place of Business 3626 RUFFIN ROAD SAN DIEGO, CA 92123		3	Mailing Address 3626 RUFFIN ROAD SAN DIEGO, CA 92123				60015940				
	(8)	1 -									
2. Principal Place of Business			3. Mailing Address				!	HIND 11311 CO111 CO1111 CO			<b>    </b>
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01102006	Chg-P	CR2E	034 (11/05)	
City & State			City & State				4. FEI Number 33-0620				oplied For ot Applicable
Zip	Country		Zip Country				5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name and Addre	ss of Current Regis					7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY					Name						
1201 HAYS STREET TALLAHASSEE, FL 32301			Street Addre			dress (I	s (P.O. Box Number is Not Acceptable)				
IALLANA	33LL, 1 L 32301									·	
			City						FL	Zip Cod	е
	named entity submits the ons of registered agent		purpose of changing its	registere	d office or re	egister	ed agent, or both	, in the State of F	lorida. Lam	familiar with.	and accept
SIGNATURE Signature, typad or printed name of registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)  DATE											
FILI After Ma	E NOW!!! FEE IS ay 1, 2006 Fee wi	\$150.00 II be \$550.00	9. Election Campai Trust Fund Contr		cing		.00 May Be ed to Fees				
10. OFFICERS AND			D DIRECTORS 11.					HANGES TO OF			
TITLE	C		De lete	TITLE	.	Sec	nn Bub	icretal	Cours	Change	Addition
NAME STREET ADDRESS	OTTAVIANO, PAUL 1900 WINSTON RO		NAME Street address			21/Z1		in Road	d		
CITY-ST-ZIP	KNOXVILLE, TN 3				ST-ZIP	201	n Dieao	CA 9:	2123		
TITLE	DP		☐ Delete	TITLE	(	CF	D J		<u> </u>	☐ Change	Addition
NAME	SNYDER, BENJAM	IN		NAME		are	y Zinse Ruffi	pond			^
STREET ADDRESS CITY-ST-ZIP	3626 RUFFIN RD	2422			ST-ZIP	الإواط	o Rum		12123	Ļ	
	SAN DIEGO, CA 9 AS	2123	<b>1</b> 2111	_		201	n ucya	UT -	142	Change	☐ Addition
TITLE NAME	STAIR, JOHN		Dolete	TITLE						L. Gliange	Addition
STREET ADDRESS	1900 WINSTON RE	)			T ADDRESS						
CITY-ST-ZIP	KNOXVILLE, TN 3	7919		CITY-	ST - ZIP						
TITLE	EVP		Dolete	TITLE						☐ Change	Addition
NAME CIRCEL ADDRESS	MASSINGALE, H. L			NAME	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	1900 WINSTON RO KNOXVILLE, TN 3	•			ST-ZIP						
TITLE	SVP		Delete	TITLE						☐ Change	Addition
NAME	VIGLOTTI, GEORG		~	NAME							
STREET ADDRESS	3626 RUFFIN ROA				ET ADDRESS ST-ZIP						l
CITY-ST-ZIP	SAN DIEGO, CA 9	Z 1 Z 3		LITY-	- Q1 - ΔΙΓ					Change	☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 an other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

Glenn Buberl, Sec+Gen. Counsel 2.9.06

495-2071

# F03000001358

## TEAM Health ANESTHESIA MANAGEMENT SERVICES

3626 Ruffin Road • San Diego, CA 92123-1810 P.O. Box 85057 • San Diego, CA 92186-5057 **p** 858.277.4767 **f** 858.565.9441

www.teamhealth.com

Via Regular Mail

February 9, 2006

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE:

Team Health Anesthesia Management Services, Inc. ("THAMS")

2006 For Profit Corporation Annual Report

To Whom It May Concern:

Enclosed please find the 2006 For Profit Corporation Annual Report submitted on behalf of THAMS. Additionally, enclosed is check number 282402 in the amount of \$150.00.

Should you have any further questions, please contact me at (858) 495-2071 or via email at Rachael Dewberry@teamhealth.com

Thank you for your time in this matter.

Rachaer Dewheny

Regards,

Rachael Dewberry

Paralegal, THAMS, Inc.

Encls.