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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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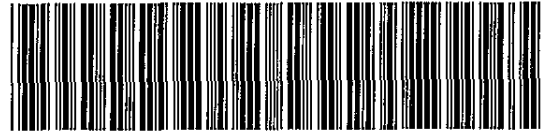
(Business Entity Name)

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2003 MAR 18 AM 10:16  
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TALLAHASSEE, FLORIDA

W03-6693

RECEIVED  
03 MAR -7 PM 1:09  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN MAR 19 2003



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 7, 2003

CSC  
ATTN: DEBBIE SKIPPER

SUBJECT: TEAM HEALTH ANESTHESIA MANAGEMENT SERVICES, INC.  
Ref. Number: W03000006693

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TALLAHASSEE, FLORIDA

We have received your document for TEAM HEALTH ANESTHESIA MANAGEMENT SERVICES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

We retained your certificate form California in our office.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 503A00014654



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032  
REFERENCE : 955068 7295684  
AUTHORIZATION : *Patricia Pizito*  
COST LIMIT : \$ 70.00

ORDER DATE : March 5, 2003

ORDER TIME : 12:21 PM

ORDER NO. : 955068-005

CUSTOMER NO: 7295684

CUSTOMER: Shacasey Rogers, Paralegal  
Integrated Specialists  
3626 Ruffin Road

San Diego, CA 92123-1810

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TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: TEAM HEALTH ANESTHESIA  
MANAGEMENT SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DEBBIE SKIPPER

EXAMINER: \_\_\_\_\_

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Team Health Anesthesia Management Services, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Shacasey Rogers, Legal Department

(Name of Person)

Team Health Anesthesia Management Services, Inc.

(Firm/Company)

3626 Ruffin Road

(Address)

San Diego, CA 92123

(City/State and Zip code)

For further information concerning this matter, please call:

Shacasey Rogers

(Name of Person)

at ( 858 ) 495-2072

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Team Health Anesthesia Management Services, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. California 3. 33-0620937  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 21, 1994 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 3626 Ruffin Road, San Diego, CA 92123  
(Principal office address)
- same as above  
(Current mailing address)
8. physician practice management services  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
- Tallahassee, Florida 32301  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Deborah D. Skipper  
(Registered agent's signature)

**Deborah D. Skipper**  
**Asst. V. Pres.**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Paul Ottaviano

Address: 1900 Winston Road, Suite 300  
Knoxville, TN 37919

Vice Chairman: Michael Hatcher

Address: 1900 Winston Road, Suite 300  
Knoxville, TN 37919

Director: Lesley Allison

Address: 3626 Ruffin Road  
San Diego, CA 92123

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: See attached list.

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jodie Brokowski, General Counsel and Secretary

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**ADDENDUM**  
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORITY  
TO TRANSACT BUSINESS IN FLORIDA**

Listing of Directors and Officers  
Item 12B

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

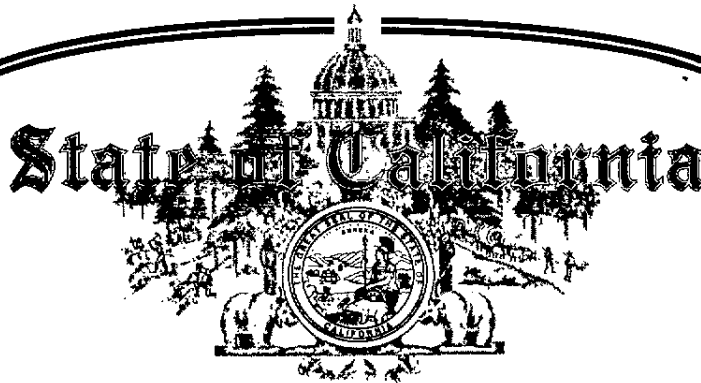
**DIRECTORS**

<b><u>Name</u></b>	<b><u>Address</u></b>
Lesley Allison	3626 Ruffin Road, San Diego, CA 92123
Michael Hatcher	1900 Winston Road, Suite 300, Knoxville, TN 37919
Paul Ottaviano	1900 Winston Road, Suite 300, Knoxville, TN 37919

**OFFICERS**

<b><u>Office</u></b>	<b><u>Name</u></b>	<b><u>Address</u></b>
Chief Executive Officer and President	Lesley Allison	3626 Ruffin Road, San Diego, CA 92123
Executive Vice President	H. Lynn Massingale	1900 Winston Road, Suite 300 Knoxville, TN 37919
Executive Vice President	Michael Hatcher	1900 Winston Road, Suite 300 Knoxville, TN 37919
Senior Vice President of Development	George Viglotti	3626 Ruffin Road, San Diego, CA 92123
Vice President Legal Affairs	Robert Joyner, Esq.	1900 Winston Road, Suite 300 Knoxville, TN 37919
Chief Financial Officer	Michele Phillips	3626 Ruffin Road, San Diego, CA 92123
Chief Operating Officer	Maury Parrish	3626 Ruffin Road, San Diego, CA 92123
General Counsel and Secretary	Jodie Brokowski, Esq.	3626 Ruffin Road, San Diego, CA 92123
Vice President and Assistant Secretary	Stephen Sherlin	1900 Winston Road, Suite 300 Knoxville, TN 37919
Vice President and Treasurer	David Jones	1900 Winston Road, Suite 300 Knoxville, TN 37919
Assistant Secretary	John R. Stair	1900 Winston Road, Suite 300 Knoxville, TN 37919
Assistant Treasurer	Carole Belmar	1900 Winston Road, Suite 300 Knoxville, TN 37919

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**SECRETARY OF STATE  
CERTIFICATE OF STATUS  
DOMESTIC CORPORATION**

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TALLAHASSEE, FLORIDA

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the **21st day of January, 1994, TEAM HEALTH ANESTHESIA MANAGEMENT SERVICES, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 6, 2003.



*Kevin Shelley*  
KEVIN SHELLEY  
Secretary of State

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