

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000002473

Entity Name: TEAM ANESTHESIA, LLC

Current Principal Place of Business:

265 BROOKVIEW CENTRE WAY, SUITE 400
KNOXVILLE, TN 37919

Current Mailing Address:

265 BROOKVIEW CENTRE WAY, SUITE 400
ATTN: LEGAL DEPT.
KNOXVILLE, TN 37919 US

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

Authorized Person(s) Detail :

Title MEMBER
Name TEAM FINANCE LLC
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN R. STAIR

ASSISTANT SECRETARY 04/08/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date