RI SOS Filing Number: 201586548300 Date: 10/29/2015 5:29 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2015

1. ID No. 000950845

2. Exact Name of the Limited Liability Company South County Anesthesia Associates, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Anesthesiology

5. Principal Office Address

No. and Street: C/O HEALTH MANAGEMENT ASSOCIATES, INC.
1342 BELMONT STREET, SUITE 205
City or Town: BROCKTON State: MA Zip: 02401 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: JAMES GRIFFIN, D.O. Contact Title:
No. and Street: P.O. BOX 230
City or Town: WAKEFIELD State: RI Zip: 02880 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	HENRY CABRERA M.D.	91 SEABREEZE TERRACE SOUTH KINGSTOWN, RI 02879 USA
MANAGER	ROBERT CHINN M.D.	23 EGRET LANE WAKEFIELD, RI 02879 USA
MANAGER	JOHN GRAHAM M.D.	P.O. BOX 5547 WAKEFIELD, RI 02880 USA
MANAGER	JAMES GRIFFIN D.O.	P.O. BOX 230

0-8982-0

		WAKEFIELD, RI 02880 USA
MANAGER	FEDERICO RIVERA M.D.	205 WESTMORELAND LANE SAUNDERSTOWN, RI 02874 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JEFFREY F. CHASE-LUBITZ, ESQ. DONOGHUE, BARRETT & SINGAL, PC ONE CEDAR STREET, SUITE 300 PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of October, 2015 at 5:31:02 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By /S/ JAMES GRIFFIN, D.O.
Signature of Authorized Person

Form No. 632
Revised 09/07

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