

Annual Report for the year: 2018
Limited Liability Company

- → Filing period. September 1 November 1
- → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED STAMP OCT 2 2 2018	
By 2800	

1. Entity ID Number 001672257		me of the Limited	Liability Company		···	
3. NAICS Code 621111	4. Brief des	Brief description of the character of business conducted in Rhode Island medicine and surgery				
5. State of Formation Georgia						
6. Principal Office Address 1200 Stillmeadow Rd.			City Conyers	State GA	Zip 30094	
7. Mailing Address of Limite	ed Liability Compa	ny and Name or	Title of Contact Person			
Contact Name J. Tucker Irwin, M.D.			Contact Title Manager			
Street Address 1200 Stillmeadow Rd.			City Conyers	State GA	^{Zip} 30094	
8. List ALL managers (nam	nes and addresse	s) of the Limited L	iability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
Manager Nam.			Manager Name			
Street Addran-			Street Address	Street Address		
C ^{js.}	State	Z JUI	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
	I		<u> </u>	Check the box to	indicate an attachment	
9. Resident Agent in Rhode	e Island, This inforr	nation is currently o	frecord with the Department of S	tate, Changes require fili	ng Form 642.	
Under penalty of perjury, statements, and that all s			xamined this report, includi rue and correct.	ing any accompanyin	ng schedules and	
Name of Authorized Person				Date		
Daniel S. Digby, Attorney at Law				17 October 2018		
Signature of Authorized Pe	erson		OCCUMENT HERE	• -		
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov