



**State of Rhode Island
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: 2021

1. ID No. 000525736

2. Exact Name of the Limited Liability Company HOSPITAL MEDICINE ASSOCIATES, LLC

3. State of Formation

State: FL

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621111

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

MEDICAL SERVICES

5. Principal Office Address

No. and Street: 1643 NW 136TH AVE
BUILDING H, SUITE 100

City or Town: SUNRISE State: FL Zip: 33323 Country: USA

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

Contact Name: KELLY GREANEY Contact Title:

No. and Street: 265 BROOKVIEW CENTRE WAY, SUITE 400

City or Town: KNOXVILLE State: TN Zip: 37919 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	MICHAEL WIECHART	265 BROOKVIEW CENTRE WAY KNOXVILLE, TN 37919 USA

MANAGER

MICHAEL CORVINI MD

1643 NW 136TH AVE, BUILDING H, SUITE 100
SUNRISE, FL 33323 USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 12 Day of October, 2021 at 3:09:24 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 JOHN R. STAIR
Signature of Authorized Person

Form No. 632
Revised 09/07

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