

December 21, 1992CERTIFIED MAIL
RETURN RECEIPT REQUESTED

JAN 7 1993

Pension and Welfare Benefits Administration
P.O. Box 75212
Washington, D.C. 20013-5215Re: Anesthesia Associates of Willimantic PC

Dear Sir/Madam:

Pursuant to the provisions of Department of Labor Regulations at 29 CFR §2520.104-23, you are hereby notified that the employer identified in Item 1 below maintains a plan primarily for the purpose of providing retirement benefits for a select group of management or highly compensated employees. Item 2 below sets forth the approximate number of participants in the plan as of the date of this letter.

1. Anesthesia Associates of Willimantic PC
Box 23
Willimantic CT 06226
06-088-7613

2. Number of participants in the plan: 8

Enclosed is a check for \$1,000 made payable to the U.S. Department of Labor for payment of the penalty for the late filing of this registration statement pursuant to the notices issued by the Pension and Welfare Benefits Administration of the Department of Labor on March 23, 1992 and July 24, 1992.

Please date-stamp the enclosed copy of this letter and return it to me in the stamped self-addressed envelope provided.

Very truly yours,

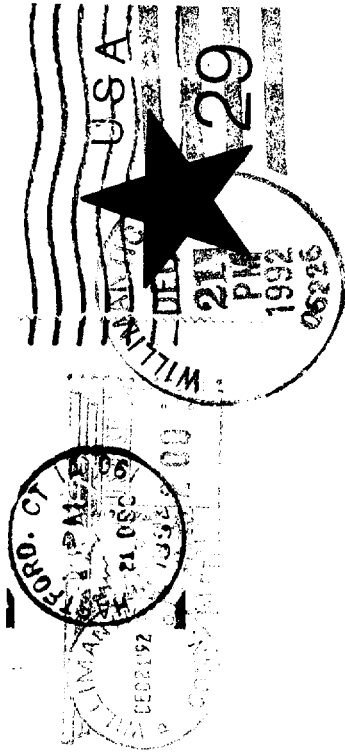
Robert J. Colino, MD
Anesthesia Associates of Willimantic, PC

cc: Attorney
C.P.A.20979
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Anesthesia Associates
of Willimantic P. C.
P. O. Box 23
Willimantic, CT 06226

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P 340 071 613
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