

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000067152

**Entity Name:** INTERNAL MEDICINE ASSOCIATES OF LEE COUNTY  
HOSPITALIST GROUP LLC

**FILED**  
**Feb 13, 2017**  
**Secretary of State**  
**CC4188975966**

**Current Principal Place of Business:**

1400 COLONIAL BLVD  
SUITE 203  
FT. MYERS, FL 33907

**Current Mailing Address:**

1400 COLONIAL BLVD  
SUITE 203  
FT. MYERS, FL 33907 US

**FEI Number: 45-2180952**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BIEL, MICHAEL  
1400 COLONIAL BLVD  
SUITE 203  
FT. MYERS, FL 33907 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: MICHAEL BIEL**

**02/13/2017**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name COLLIER, MICHAEL  
Address 1400 COLONIAL BLVD, SUITE 203  
City-State-Zip: FT. MYERS FL 33907

Title MGR  
Name BOHM, GUILLERMO  
Address 1400 COLONIAL BLVD, SUITE 203  
City-State-Zip: FT. MYERS FL 33907

Title MGR  
Name AXELROD, DANIEL DR.  
Address 1400 COLONIAL BLVD SUITE 203  
City-State-Zip: FT. MYERS FL 33907

Title MGR  
Name BALDINGER, DAVID DR.  
Address 1400 COLONIAL BLVD SUITE 203  
City-State-Zip: FT. MYERS FL 33907

Title MGR  
Name CLARK, JACK DR.  
Address 1400 COLONIAL BLVD SUITE 203  
City-State-Zip: FT. MYERS FL 33907

*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: MICHAEL COLLIER**

**MANAGING PARTNER**

**02/13/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date