

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000067152

Entity Name: INTERNAL MEDICINE ASSOCIATES OF LEE COUNTY
HOSPITALIST GROUP LLC**FILED**
Apr 24, 2014
Secretary of State
CC1351280829**Current Principal Place of Business:**1400 COLONIAL BLVD
SUITE 1
FT. MYERS, FL 33907**Current Mailing Address:**1400 COLONIAL BLVD
SUITE 1
FT. MYERS, FL 33907**FEI Number: 45-2180952****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BIEL, MICHAEL
1400 COLONIAL BLVD
SUITE 1
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****04/24/2014**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :**Title** MGRM
Name COLLIER, MICHAEL
Address 1400 COLONIAL BLVD, SUITE 1
City-State-Zip: FT. MYERS FL 33907**Title** MGR
Name ZELLNER, STEPHEN
Address 1400 COLONIAL BLVD, SUITE 1
City-State-Zip: FT. MYERS FL 33907**Title** MGR
Name BOHM, GUILLERMO
Address 1400 COLONIAL BLVD, SUITE 1
City-State-Zip: FT. MYERS FL 33907**Title** MGR
Name AXELROD, DANIEL DR.
Address 1400 COLONIAL BLVD SUITE 1
City-State-Zip: FT. MYERS FL 33907**Title** MGR
Name BALDINGER, DAVID DR.
Address 1400 COLONIAL BLVD SUITE 1
City-State-Zip: FT. MYERS FL 33907**Title** MGR
Name CLARK, JACK DR.
Address 1400 COLONIAL BLVD SUITE 1
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****04/24/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date