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TALLAHASSEE, FLORIDA

AUG 04 2015  
OFFICE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ADVANCED INTERNAL MEDICINE, L.L.C.

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDER GOLDMAN

\_\_\_\_\_  
Name of Person

ADVANCED INTERNAL MEDICINE L.L.C.

\_\_\_\_\_  
Firm/Company

601 UNIVERSITY BLVD SUITE 105

\_\_\_\_\_  
Address

JUPITER, FL 33458

\_\_\_\_\_  
City/State and Zip Code

AIMDOCTOR@AOL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDER GOLDMAN

\_\_\_\_\_  
Name of Person

561  
at ( )

Area Code

625-9853

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## ADVANCED INTERNAL MEDICINE, L.L.C

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>         | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|---------------------|--------------------------|--|
| MGR          | AGVI MANAGEMENT LLC | 601 UNIVERSITY BLVD #105 | <input checked="" type="checkbox"/> Add    |
|              |                     | JUPITER, F 33458         | <input type="checkbox"/> Remove            |
|              |                     |                          | <input type="checkbox"/> Change            |
| AMBR         | SGVI MANAGEMENT LLC | 601 UNIVERSITY BLVD #105 | <input checked="" type="checkbox"/> Add    |
|              |                     | JUPITER, FL 33458        | <input type="checkbox"/> Remove            |
|              |                     |                          | <input type="checkbox"/> Change            |
| MGR          | ALEXANDER GOLDMAN   | 601 UNIVERSITY BLVD #105 | <input type="checkbox"/> Add               |
|              |                     | JUPITER FL, 33458        | <input checked="" type="checkbox"/> Remove |
|              |                     |                          | <input type="checkbox"/> Change            |
| MGR          | SALUJA VARGHESE     | 601 UNIVERSITY BLVD #105 | <input type="checkbox"/> Add               |
|              |                     | JUPITER, FL 33458        | <input checked="" type="checkbox"/> Remove |
|              |                     |                          | <input type="checkbox"/> Change            |
|              |                     |                          | <input type="checkbox"/> Add               |
|              |                     |                          | <input type="checkbox"/> Remove            |
|              |                     |                          | <input type="checkbox"/> Change            |
|              |                     |                          | <input type="checkbox"/> Add               |
|              |                     |                          | <input type="checkbox"/> Remove            |
|              |                     |                          | <input type="checkbox"/> Change            |

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Filing amended articles of organization to reflect changes filed with annual report 4/20/2015.

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_,

Signature of a member or authorized representative of a member

ALEXANDER GOLDMAN

Typed or printed name of signee