

L11000019673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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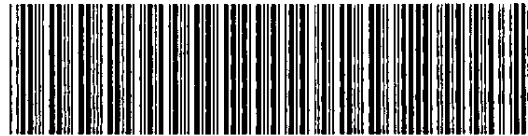
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 FEB 14 PM 2:49

N. Culligan FEB 15 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Internal Medicine Associates of Lee County Pharmacy  
Name of Limited Liability Company Group, LLC

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

Please return all correspondence concerning this matter to the following:

Natalia Spilman  
Name of Person

Internal Medicine Associates  
Firm/Company

1400 Colonial Blvd Ste 1  
Address

Ft Myers, FL 33907  
City/State and Zip Code

nspilman@inadocors.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalia Spilman at ( 239 ) 931-3440  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Internal Medicine Associates of Lee County Pharmacy Group, LLC  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

1400 Colonial Blvd  
Ste 1  
Ft Myers FL 33907

#### Mailing Address:

1400 Colonial Blvd  
Ste 1  
Ft Myers FL 33907

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:


Natalia Spilman  
Name

1400 Colonial Blvd, Ste 1  
Florida street address (P.O. Box NOT acceptable)

Ft Myers FL 33907  
City, State, and Zip

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Michael Collier  
1400 Colonial Blvd Ste 1  
Ft Myers FL 33907

MGR

Stephen Zellner  
1400 Colonial Blvd Ste 1  
Ft Myers FL 33907

MGR

Guillermo Bohm  
1400 Colonial Blvd Ste 1  
Ft Myers FL 33907

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary) See attachment

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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Dr. Daniel Axelrod MGR  
12885 Kedleston Circle  
Fort Myers, Fl 33912

Dr. David Baldinger MGR  
6645 Plantation Preserve Cir N  
Fort Myers, Fl 33966

Dr. Jack Clark MGR  
16036 Thornwood Dr  
Fort Myers, Fl 33908

Dr. David DePree MGR  
4821 Griffin Drive  
Fort Myers, Fl 33908

Dr. Manuel DelSol MGR  
1633 SE 39<sup>th</sup> Place  
Cape Coral, Fl 33904

Dr. Scott Fields MGR  
4009 SW 25<sup>TH</sup> Court  
Cape Coral, Fl 33914

Dr. Michael Laufer MGR  
5245 SW 18<sup>th</sup> Avenue  
Cape Coral, Fl 33914

Dr. Holly Leppert MGR  
20401 Talon Trace, Apt #2708  
Estero, Fl 33928

Dr. Michael Lutarewych MGR  
15100 Black Hawk Drive  
Fort Myers, Fl 33912

Dr. Sergio Mather MGR  
7353 Lake Drive SF  
Fort Myers, Fl 33908

Dr. Donald McAlpine MGR  
791 Cal Cove Drive  
Fort Myers, Fl 33919

Dr. George Mestas MGR  
2825 Cape Coral Pkwy, W  
Cape Coral, Fl 33914

Dr. Xiomara Morillo-Azcuy MGR  
14022 Image Lake Court

Fort Myers, Fl 33907

Dr. Mauricio Ramirez MGR  
10020 Horse Creek Road  
Fort Myers, Fl 33913

Dr. Michael Stens MGR  
6369 Emerald Pines Circle  
Fort Myers, Fl 33912

Dr. Bruce Tompkins MGR  
19750 Osprey Cove Blvd  
#237, Fort Myers, Fl 33967

Dr. Paul Tritel MGR  
8698 Paseo Valerica Street  
Fort Myers, Fl 33908

Dr. Silvia Velasquez MGR  
5672 Kensington Loop  
Fort Myers, Fl 33912

Dr. Amy Wecker MGR  
14102 Kensington Lane  
Fort Myers, Fl 33912

Dr. Richard Weiss MGR  
12271 Kensington Court  
Fort Myers, Fl 33913