

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000067152

FILED
Mar 07, 2012
Secretary of State

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

Current Principal Place of Business:

1400 COLONIAL BLVD
SUITE 1
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

1400 COLONIAL BLVD
SUITE 1
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 45-2180952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPILMAN, NATALIA
1400 COLONIAL BLVD
SUITE 1
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: COLLIER, MICHAEL
Address: 1400 COLONIAL BLVD, SUITE 1
City-St-Zip: FT. MYERS, FL 33907

Title: MGR
Name: ZELLNER, STEPHEN
Address: 1400 COLONIAL BLVD, SUITE 1
City-St-Zip: FT. MYERS, FL 33907

Title: MGR
Name: BOHM, GUILLERMO
Address: 1400 COLONIAL BLVD, SUITE 1
City-St-Zip: FT. MYERS, FL 33907

Title: MGR
Name: AXELROD, DANIEL DR.
Address: 1400 COLONIAL BLVD SUITE 1
City-St-Zip: FT. MYERS, FL 33907

Title: MGR
Name: BALDINGER, DAVID DR.
Address: 1400 COLONIAL BLVD SUITE 1
City-St-Zip: FT. MYERS, FL 33907

Title: MGR
Name: CLARK, JACK DR.
Address: 1400 COLONIAL BLVD SUITE 1
City-St-Zip: FT. MYERS, FL 33907

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICHAEL COLLIER

MGRM

03/07/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date