

FROM : FEMWELL

FAX NO. : 3052730405

Jun. 03 2009 09:28AM P1

Division of Corporations

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L04000020828

Florida Department of State
Division of Corporations
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To:
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From:
Account Name : VITAMD GROUP HOLDING
Account Number : I20090000005
Phone : (305)273-4641
Fax Number : (305)273-0405

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

GEORGE F. BATTLE MD, LLC

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FROM : FEMWELL

FAX NO. : 3052730405

Jun. 03 2009 09:29AM P3

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: George F. Battle MD, LLC
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:

Melissa O'Rourke
Name of Person

VitalMD Group Holding, LLC
Firm/Company

3225 Aviation Avenue, Suite 700
Address

Miami FL 33133
City/State and Zip Code

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

For further information concerning this matter, please call:

Melissa O'Rourke at 305.273.4141
Name of Person Area Code & 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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FROM : FEMWELL

FAX NO. : 3052730405

Jun. 03 2009 09:29AM P4

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2009 JUN -3 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

George F. Battle MD LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3-11-04 and assigned
Florida document number L04000020828

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3225 Aviation Avenue
Suite 700
Miami, FL 33133

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert Boyett, MD	8955 SW 87th COURT SUITE 214 MIAMI, FL 33176	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	VitaMD Group Holding, LLC	3225 AVIATION AVENUE SUITE 700 MIAMI, FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____

Robert Boyett MD
 Signature of a member or authorized representative of a member
 Robert Boyett, MD
 Type or printed name of signer

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 TALLAHASSEE, FLORIDA

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