

04000020840

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : VITALMD GROUP HOLDING
Account Number : I20090000005
Phone : (305)273-4641
Fax Number : (305)273-0405

2009 JUN 26 AM 10:42
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ROBERT A. ROSS MD, LLC

| | |
|-----------------------|---------|
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M. THOMAS Help

JUN 29 2009

EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Robert A. Ross, 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)

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TALLAHASSEE, FLORIDA

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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H090001519963

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Robert A. Ross, 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 3.11.2004 and assigned Florida document number L04000020840

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 "LLC."

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

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JUN 26 10 42 AM '09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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


| Title | Name | Address | Type of Action |
|-------|----------------------------|--|--|
| MGRM | Robert Boyett, MD | 8955 SW 87th Court Suite 214 Miami, FL 33176 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | VitalMD 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 |

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

Dated _____



Signature of a member or authorized representative of a member
Robert Boyett, MD

Typed or printed name of signee

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