

# L04000020847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

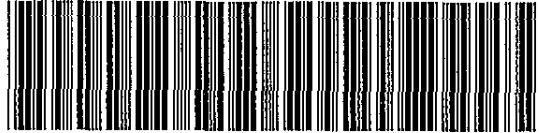
(Business Entity Name)

(Document Number)

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**KENNETH A. BAER MD, LLC**

**ARTICLE II - Address**

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

Mailing and Street Address:	3225 Aviation Ave., Ste. 500 Miami, FL 33133-4741 Attn: Mitchell A. Yelen
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**ARTICLE III - Registered Agent and Office**

The name and the Florida street address of the initial registered agent of the Limited Liability Company are:

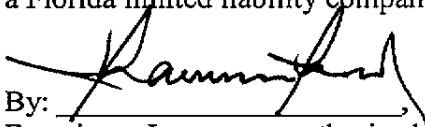
Registered Agent:	Mitchell A. Yelen
Street Address	3225 Aviation Ave. Suite 500 Miami, Florida 33133-4741

**ARTICLE IV - Management**

The Limited Liability Company is to be managed by one or more Managers therefore, a member-managed company.

Date: February   9  , 2004

KENNETH A. BAER MD, LLC,  
a Florida limited liability company

By:   
Francisco Leon, as authorized agent for  
VitalMD Group Holding, LLC, Manager

(In accordance with section 608.408(3), Florida Statutes,  
the execution of this affidavit constitutes an affirmation under  
the penalties of perjury that the facts stated herein are true.)

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**REGISTERED AGENT ACCEPTANCE**

Having been named to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of its duties.

Mitchell A. Yelen

Mitchell A. Yelen

FILING FEES:  
\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (OPTIONAL)  
\$5.00 Certificate of Status (OPTIONAL)

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