Florida Department of State

Division of Corporations Public Access System

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(((H090001345573)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: VITALMD GROUP HOLDING Account Name

Account Number : I20090000005 Phone

Fax Number

1 (305)273-4641

1 (305)273-0405

C AMND/RESTATE/CORRECT OR M/MG RESIGN

KENNETH A. BAER MD, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$60.00

JUN - 4 2009

Electronic Filing Menu

Corporate Filing Monu

EXAMINER

FROM : FEMWELL

H09000134551 3

Jun. 03 2009 09:25AM P3

TO:

Registration Section

Division of Corporations

SUBJECT: Kenneth A. Baer 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 D'Rourke

Name of Person

Vital MD Group Holding, LLC

Firm/Company

3225 Aviation Avenue Suite 700

Address

Micami FL 33133

City/State and Zip Code

Morourke & Femwell.com

F-mail address: (to be used for future around report notification)

For further information concerning this matter, please call:

Melissa O'Rouvke at (305 273 · 4641

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fce & 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. Boy 6327

P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 FROM : FEMWELL

H09000134551 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Jun. 03 2009 09:26AM

ARTICLES OF ORGANIZATION OF

Kenneth A. Baer MD LLC

(Name of the Limited Liability Company hs 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 Florida document number LO4000708 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) 3225 Aviation Avenue Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zin Code

Page 1 of 2

FROM : FEMWELL

MGR = Manager

H09000134557

Jun. 03 2009 09:26AM P5

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:

MGRM = Managing Member Address Type of Action Name Title. Robert Boyett, MD MGRM ☐ Add Remove MGRM VITAIMD Group Holding, Remove ☐ Add Remove Romove Remove MAdd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ - BOYEH MI Typed or printed name of signee

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Filing Fee: \$25.00