

#### 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

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### OMEGA WOMEN'S CENTER, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
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J. BRYAN

AUG 1 0 2009

**EXAMINER** 

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FAX NO. :3052730405

8/7/2009

FROM : FEMMELL

## H09000178201 3

TO: Registration Section Division of Corporations	
SUBJECT: Omega Women's Center LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fce(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:	
Melissa D'Rourke  Namo of Person  Vital MD Group Holding Lie	
Vital MD Group Holding LLC	
3225 Aviation Avenue Suite 700	
Miami FL 33133  City/State and Zip Code  MOYOUY KE @ Femwell . Com  B-mail address: (to be used for future annual report notification)	
For further information concurning this matter, please call:	
Melissa O'Rourke at 305) 273.464.1  Nature of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

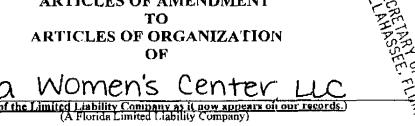
 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Ff. 32301

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FROM : FEMMELL FAX NO. : 30822730405 Aug. 07 2009 11: 54FM F3

# 409000178201 ARTICLES OF AMENDMENT



The Articles of Organization for this Limited Liability Company were filed on 3.11 · 2004 and assigned Florida document number LO4000 20849 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) 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 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 heing 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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EBOM : FEMMELL

### H090001782013

MGR = Manager

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

MGRM = Managing Member Type of Action Address Name Title Title Robert Boyett, MD MGRM VITAIMD Group Holding, U.C. MGRM ☐ Add Remove Add Remove Remove ∏∧dd | Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or an torized representative of a member

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Filing Fee: \$25.00

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