

Division of Corporations

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**LD4000020874**

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 11 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**GEOFFREY N. JAMES M.D. & JASON S. JAMES M.D., LLC**

RECEIVED  
09 JUN 11 AM 8:56  
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**T. CLINE**

JUN 12 2009

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FROM : FEMWELL

FAX NO. : 3052730405

Jun. 11 2009 09:23AM P3

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Geoffrey N. James & Jason S. James, 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

Name of Person

at (305) 273-4641

Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

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\$30.00 Filing Fee &  
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\$55.00 Filing Fee &  
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(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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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Geoffrey N. James & Jason S. James, 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 L04-000020874

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

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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

<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 33173	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Vital MD 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
			<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 \_\_\_\_\_

*Robert Boyett MD*

Signature of a member or authorized representative of a member

Robert Boyett MD

Typed or printed name of signee

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