

L04 000020885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

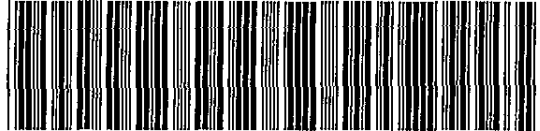
(Business Entity Name)

(Document Number)

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L04-20885
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

KATHLEEN E. GOODMAN 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:

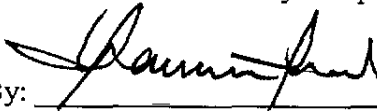
Registered Agent:	Mitchell A. Yelen
Street Address	3225 Aviation Ave. Suite 500 Miami, Florida 33133-4741

ARTICLE IV - Management

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

Date: February 1, 2004

KATHLEEN E. GOODMAN MD, LLC,
a Florida limited liability company

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

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(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.)

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)