

LO9 000006247

Florida Department of State  
Division of Corporations  
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10 FEB -3 PM 3:21  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

RECEIVED  
10 FEB -3 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: morourke@femwell.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALVAREZ WOMEN'S HEALTH CENTER, LLC

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

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FFR - 4 2010

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Alvarez Women's Health Center, 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

VitaIMD 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 at 305.273.4641 ext 1080  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & 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. 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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1100000230103  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Alvarez Women's Health Center, 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 1/20/2009 and assigned Florida document number LO9000006247

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Alvarez & Vinueza, MDs, LLC

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 FEB -3 PM 3:21

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>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

*Robert Bayett MD*

Signature of a member or authorized representative of a member

Robert Bayett MD

Typed or printed name of signer

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