

L12000085692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

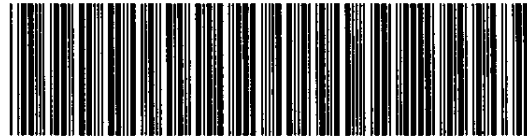
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 FEB -4 PM 12:43

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Virtual Health Group PLLC
Name of Limited Liability Company

FILED
13 FEB -4 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shari Rosenberg

Name of Person

Delta Medical Care

Firm/Company

7632 Massachusetts Ave

Address

New Port Richey, FL 34653

City/State and Zip Code

srosenberg@deltamedicalcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shari Rosenberg

Name of Person

at (**727**) **848-2273**

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
13 FEB -4 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Virtual Health Group PLLC

(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 29 June 2012 and assigned Florida document number L12000085692.

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 _____

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

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	Haider Khan, MD	7700 Massachusetts Ave	<input type="checkbox"/> Add
		New Port Richey, FL 34653	<input checked="" type="checkbox"/> Remove
MGRM	Nazeer Khan, MD	7700 Massachusetts Ave	<input checked="" type="checkbox"/> Add
		New Port Richey, FL 34653	<input type="checkbox"/> Remove
MGR	Haider Khan, MD	7700 Masachusetts Ave	<input checked="" type="checkbox"/> Add
		New Port Richey, FL 34653	<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 January 25, 2013



Signature of a member or authorized representative of a member

Haider Khan, MD

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00