

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036510

Entity Name: VITALMD GROUP HOLDING, LLC**Current Principal Place of Business:**3225 AVIATION AVENUE
SUITE 700
COCONUT GROVE, FL 33133**Current Mailing Address:**P.O. BOX 43-2040
MIAMI, FL 33243-2040**FEI Number:** 54-2129332**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YELEN, MITCHELL A
3225 AVIATION AVENUE#500
MIAMI, FL 33133 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name VIZOSO, JAVIER MD
Address 7300 SW 62ND PLACE, 3RD FLOOR
City-State-Zip: SOUTH MIAMI FL 33143

Title MGRM
Name KUHN, KERRY MD
Address 1725 N. UNIVERSITY DR., STE. 440
City-State-Zip: CORAL SPRINGS FL 33071

Title MGRM
Name ESSERMAN, JAMES DR.
Address 7867 N. KENDALL DRIVE, 2ND FLOOR
City-State-Zip: MIAMI FL 33156

Title MGRM
Name SALKIND, GLENN LDR.
Address 7867 N. KENDALL DRIVE, 2ND FLOOR
City-State-Zip: MIAMI FL 33156

Title MGRM
Name KAUFMAN, SAMUEL MD
Address 6853 SW 18TH STREET, STE. 301
City-State-Zip: BOCA RATON FL 33433

Title MGRM
Name FIDALGO, EDWARD MD
Address 3659 S MIAMI AVE, STE. 5005
City-State-Zip: MIAMI FL 33133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GLENN SALKIND

04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date