

**L04000020843**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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OSCAR MORALES &amp; JAMES ESSERMAN MD, LLC

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JUN 29 2009

EXAMINER

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FEMWELL CORPORATE OF

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OSCAR MORALES & JAMES ESSERMAN, MD, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and sec(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

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
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☐ \$55.00 Filing Fee &  
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☒ \$60.00 Filing Fee,  
Certificate of Status &  
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(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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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

OSCAR MORALES & JAMES ESSERMAN, 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 L04000020843

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 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

City

Florida

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

Title	Name	Address	Type of Action
MGRM	Robert Boyett, MD	8955 SW 87 <sup>th</sup> Court Suite 214 Miami, FL 33176	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	VHAIMD Group Holding, LLC	3225 Aviation Avenue Suite 100 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

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

Dated \_\_\_\_\_

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Signature of a member or authorized representative of a member

Robert Boyett MD  
Typed or printed name of signet

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Filing Fee: \$25.00

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