

Florida Department of State

Division of Corporations Public Access System

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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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

JAIME A. MERCADO MD, LLC

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

J. BRYAN

AUG 1 0 2009

EXAMINE

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Corporate Filing Menu

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FAX NO. :3052730405

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TO:

Registration Section Division of Corporations

SUBJECT: Jaime A. Mercado MD, LLC

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

VitalMD Group Holding, LLC

Firm/Company

3225 Aviation Avenue, Suite 700

Address

Miami, FL 33133

Morour ke@femwell.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa O'Rourke

305 273.4641

f Person Area Code & Daytime Telephone Nu

Enclosed is a check for the following amount:

S25.00 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 FAX NO. :3052730405

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H09000178197 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jaime A Mercado MD, I The Articles of Organization for this Limited Liability Company were filed on 3.11.200 and assigned Florida document number LO4COCO ZO892 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) 3225 Aviation Avenue Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Miami 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

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 hability 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>	Name	Address	Type of Action
MGRM	Robert Boyett, MD	8955 SW 8719 Court Suite 214 Miami, FC 33176	Add Remove
MG <u>RM</u>	VitaIMD Group Holding,	37.75 Aviation Avenue Suite 700 Miami, FL 33133	Add Remove
			Add Remove
	···		Add Remove
	<u></u>		Add Remove
	and the state of t		Add Remove
D. If amer	nding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	•
 		FALLAHASSE	O9 AUG -7
Dated		7— . <i>1</i>	M 9: 50
	Robert	fut GMBH MQ or authorized representative of a member BOYEH MD	
	Typed o	or printed name of signee	

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Filing Fee: \$25.00

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