

FROM : FEMWELL

FAX NO. : 3052730405

May. 19 2009 02:22PM P1

Division of Corporations

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L04000020908

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

Division of Corporations
Fax Number : (850) 617-6383

Account Name : VITALMD GROUP HOLDING
Account Number : I200900000005
Phone : (305) 273-4641
Fax Number : (305) 273-0405

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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POULIOT & COE MD, LLC

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FROM : FEMWELL

FAX NO. : 3052730405

May. 19 2009 02:23PM P3

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POULIOT & COE, MD, 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:

Francisco J. Leon

Name of Person

VitalMD Group Holding, LLC

Firm/Company

3225 AVIATION AVENUE, SUITE 700

Address

MIAMI, FL 33133

City/State and Zip Code

mpascuali@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

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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FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2009 MAY 19 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pouliot & Coe, 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 L040000209108

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:Pouliot, Coe & Fahey, MD, 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)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

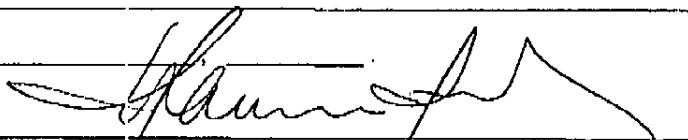
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

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

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

Dated _____


Signature of a member or authorized representative of a member
Francisco J. Leda
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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