Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: VITALMD GROUP HOLDING Account Name

Account Number : 120090000005 : (305)273-4641 Phone

: (305)273-0405 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POULIOT, COE & FAHEY, MD, LLC

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C. LEWIS

JUN 1 8 2012

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EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pouliot, coe & Faney, 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:

Melissa O'Rourke

Name of Person

Vitalmo Group Holding, UC

Firm/Company

3225 Aviation Avenue, Suitc700

Address

Miami, FL 33133

City/State and Zip Code

Morourke Ofenwell. Com

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

For further information concerning this matter, please call;

Melissa O'Rourke #305,273.460

une of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■\$25.00 Filing Fee ▲ \$30.00 Filing Fee &

J\$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee &
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(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/COURJER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H12000160421 3

H12000160421 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 JUN 15 AM 8: 11

3/11/2004

Poviot, coe &	Faney, MD,	SSEE, FLORIDA		
(Name of the Limited Liability Company as it now appears on our records.)				
(A Florida Limited	Liability Company)	204		

The Articles of Organization for this Limited Liability Company were filed on white Load assigned Florida document number Load 000020908.

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 "LL.C."	Limited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new 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 liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

412000160421 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>Address</u> Type of Action <u>Title</u> Name. ROBERT E. BOYET MD MGRM Vital MD Group Holding, DbA 🗌 Remove ☐ Add Remove $\prod Add$ ■Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Signature of a member or authorized representative of a member

n L. Salkind Typed or printed name of signee

Filing Fee: \$25.00