

FROM : FEMWELL

Division of Corporations

FAX NO: 3052730405

JUN 11 2009 8:11 AM P1

Page 1 of 1

**L041000020915**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000139835 3)))



H090001398353ABC5

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

**L. SELLERS**

JUN 11 2009

**EXAMINER**

To:

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

From:

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

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**ZULMA M. BERRIOS MD, LLC**

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

RECEIVED

09 JUN 11 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUN 11 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

FROM : FEMWELL

FAX NO. : 3052730405

Jun. 11 2009 09:20AM P3

H09000139835 3  
COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Zulma M. Berrios, MD, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa D'Rourke

Name of Person

VitaIMD Group Holding, LLC

Firm/Company

3225 Aviation Avenue, Suite 700

Address

Miami, FL 33133

City/State and Zip Code

mdrourke@femwell.com

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

For further information concerning this matter, please call:

Melissa D'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 &  
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

FILED  
09 JUN 11 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

H09000139835 3

H09000139835 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OFZulma M. Berrios, 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 L04000020915

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**) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address **MAY BE A POST OFFICE BOX**) \_\_\_\_\_3225 Aviation Avenue  
Suite 700  
Miami FL 33133B. 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

H09000139835 3

FILED  
09 JUN 11 AM 8:23  
CLERK OF STATE  
TALLAHASSEE  
FLORIDA

FROM :FEMWELL

FAX NO. :3052730405

Jun. 11 2009 09:20AM P5

H09000139835 3

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>
MGRM	Robert Boyett, MD	8955 SW 87th Court Suite 214 Miami, FL 33176	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	VitalMD Group Holding, LLC	3225 Aviation Avenue Suite 700 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 \_\_\_\_\_

Signature of a member or authorized representative of a member

Robert Boyett MD

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H09000139835 3