

Division of Corporations

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Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

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(((H09000152068 3)))



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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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TALLAHASSEE, FLORIDA

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MIAMI UROGYNECOLOGY CENTER LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD

JUN 29 2009

EXAMINER

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Miami Urogynecology Center, 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 L040000020920

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 33133

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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06/26/2009 13:01

3052731497

FEMWELL CORPORATE OF

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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>
MGRM	Robert BOYETT, MD	8955 SW 87th Court Suite 214 Miami, FL 33176	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	VitaIMD 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

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Filing Fee: \$25.00

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