

FROM : FEMWELL

FAX NO. : 3052730405

Jun. 03 2009 09:44AM P1

Division of Corporations

Page 1 of 1

L04000020922

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.

((H09000134576 3)))



H090001345763ABC2

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

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

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

FILED
2009 JUN -3 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DIAGNOSTIC CENTER FOR WOMEN, LLC

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

C. LEWIS
JUN 4 2009
EXAMINER

RECEIVED

09 JUN -3 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FROM : FEMWELL

FAX NO. : 3052730405

Jun. 03 2009 09:45AM P3

H09000134576 3
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diagnostic Center for Women, 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

VitalMD Group Holding, LLC

Firm/Company

3225 Aviation Avenue, Suite 700

Address

Miami, FL 33133

City/State and Zip Code

morourke@femwell.com

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

For further information concerning this matter, please call:

Melissa O'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

H09000134576 3

H09000134576 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OFFILED
2009 JUN -3 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDADiagnostic Center for Women, 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 L04000020922

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

H09000134576 3

FROM : FEMWELL

FAX NO. : 3052730405

Jun. 03 2009 09:45AM P5

H09000134576 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

FILED
2009 JUN - 3 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H09000134576 3