

Division of Corporations

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**Florida Department of State**  
**Division of Corporations**  
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**Electronic Filing Cover Sheet**

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**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

**FILED**  
 2009 JUN 26 AM 8:29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

**EDWARD F. PHILLIPS, MD, LLC**

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

**T. CLINE**

**JUN 29 2009**

**EXAMINER**

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Edward F. Phillips, 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

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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Edward F. Phillips, 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 12.28.2004 and assigned  
Florida document number L05000000901

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

FILED  
JUN 26 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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

Title	Name	Address	Type of Action
MGRM	Robert Boyett, MD	3225 Aviation Avenue Suite 500 Miami, FL 33133	<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

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Filing Fee: \$25.00

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