

FROM : FEMWELL

FAX NO. : 3052730405

Jun. 11 2009 09:34AM P1

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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((H09000139849 3)))



H090001398493ABCA

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To:

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Fax Number : (850) 617-6383

From:

Account Name : VITALMD GROUP HOLDING  
Account Number : 1200900000005  
Phone : (305) 273-4641  
Fax Number : (305) 273-0405

09 JUN 11 AM 10:29

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**RANDY A. FINK, MD, LLC**

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**G. MCLEOD**

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JUN 12 2009

**EXAMINER**

H090001398493

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Randy A. Fink, MD, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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DIVISION OF CORPORATIONS  
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The Articles of Organization for this Limited Liability Company were filed on 1.24.05 and assigned  
Florida document number L05000010771

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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FROM : FEMWELL

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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

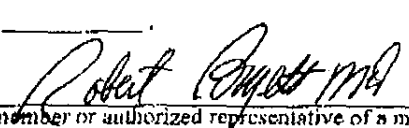
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert Boyett, MD	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 100 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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