

FROM : FEMWELL

FAX NO. : 3052730405

SEP 24 2009 10:10 AM

Division of Corporations

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W05000010771

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RANDY A. FINK, MD, LLC

Certificate of Status	1
Certified Copy	1
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T. CLINE

SEP 25 2009  
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EXAMINER

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Randy A. Fink, 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

2009 SEP 24 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

Randy A. Fink, 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 1-24-2005 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:

Miami Center of Excellence for Obstetrics and Gynecology, LLC  
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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

City

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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1). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

Robert Boyett MD  
Signature of a member or authorized representative of a member  
Robert Boyett, MD  
Typed or printed name of signer

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Filing Fee: \$25.00

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