

LO5000015616

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.

(((H09000139859 3)))



H090001398593ABCB

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 : VITALMD GROUP HOLDING
Account Number : I200900000005
Phone : (305) 273-4641
Fax Number : (305) 273-0405

FILED
09 JUN 11 AM 8:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**JANET GERSTEN M.D., LLC**

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

RECEIVED

09 JUN 11 AM 9:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

6/10/2009

Jun. 11 2009 09:44AM P1

FAX NO. : 3052730405

N. G. G. G.

JUN 11 2009

FROM : FEMILE

409000139859 3
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

09 JUN 11 AM 8:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Janet Gersten 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 2-10-2005 and assigned
Florida document number LO5000015616

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

Page 1 of 2

409000139859 3

409000139859 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

Title	Name	Address	Type of Action
MGRM	Robert Boyett, MD	3225 Aviation Avenue Suite 500 Miami, FL 33133	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	VitalMD Group Holding, LLC	3225 Aviation Avenue Suite 500 Miami, FL 33133	<input checked="" type="checkbox"/> Add <input checked="" 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 signer

Page 2 of 2

Filing Fee: \$25.00

409000139859 3

FILED
09 JUN 11 AM 8:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA