

L06000034822

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : VITALMD GROUP HOLDING
Account Number : I20090000005
Phone : (305) 273-4641
Fax Number : (305) 273-0405

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

WESTSIDE OB/GYN GROUP, LLC

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

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J. BRYAN

SEP - 1 2009

EXAMINER

H09000192139 3
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Westside OB/GYN Group, 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 at (305) 273-4641
Name of Person 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

H09000192139 3

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H09000192139 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Westside OB/GYN Group, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4-4-2006 and assigned
Florida document number LO6000034822

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

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

H09000192139 3

H09000192139 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	8955 SW 8TH COURT SUITE 214 MIAMI, FL 33176	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	VitaMD Group Holding, LLC	3225 AVIATION AVENUE SUITE 700 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.)

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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

H09000192139 3