Division of Corporations Public Access System

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(((H09000194339 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

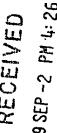
Account Name : VITALMD GROUP HOLDING

Account Number : I20090000005

Phone : (305) 273-4641

Fax Number

: (305)273-0405





AMND/RESTATE/CORRECT OR M/MG RESIGN

PREMIER WOMEN'S HEALTHCARE, LLC

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

J. BRYAN

SEP - 3 2009

Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Premier Women's Health Care, 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 D'Rouyke

Name of Person

Vitalmo Group Holding, Lucy 5

Firm/Company

3225 Aviation Avenue, Suite 700

Address

Miami FL 33133

City/State and Zip Code

Morouyke & Femwell.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MENSSA O'ROUYKE 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 S55.00 Filing Pee & 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

Premier Women's	Healthcar	e, LLES & n	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our Ciability Company)	Union to 1	
The Articles of Organization for this Limited Liability Company Florida document number LOTOCO21764	were filed on <u>2:210:2</u>	2007 EF STATE STATE	
This amendment is submitted to amend the following:		P	
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the	designation "LLC" or the abbreviation	
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 Aviat Suite 700 Miami, FL 3	tion Avenue	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		ords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	-	

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

MGR = Manager

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:

MGRM = M	Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Robert Boyett, MD	8955 SW 87Th Court Suite 214 Miami, FL 33176	Add Add Remove
M <u>GRM</u>	VitaIMD Group Holding, LLC	3275 Aviation Avenue Suite 700 Miami, FL 33133	Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
geografia - Thair-in			Add Remove
			Add Remove
***************************************	•		Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	· _
		LL AMASS	F)
Dated		E. FLORI	元 是 D L E D
	Signature of a member	·	
	Rowert	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00