

08-31-09 15:36 FROM-

T-023 P000005 F-063

LD8000059787

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 : I200900000005
Phone : (305) 273-4641
Fax Number : (305) 273-0405

FILED
2009 AUG 31 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SOTL OB-GYN SERVICES, LLC

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

T. CLINE

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EXAMINER

08-31-'09 15:36 FROM-

T-923 P003/005 F-463

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOTL OB-GYN services, 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

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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08-31-'09 15:36 FROM-

T-923 P005/005 F-463

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 700 Miami, FL 33133	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	VitalMD Group Holding, LLC	3225 Aviation Avenue Suite 700 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

2009
AUG 31
8:21
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TALLAHASSEE, FLORIDA

D. 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 signee

Page 2 of 2

Filing Fee: \$25.00

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