

### Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VITALMD GROUP HOLDING

Account Number : I20090000005

: (305)273-4641

Fax Number

: (305)273-0405

## LLC AMND/RESTATE/CORRECT OR M/MG RI

LADY'S CARE CENTER, LLC

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

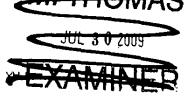
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JUL 3-1,2009

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7/30/2009

FROM : FEMWELL

# H09000173022 3

TO: Registration Section Division of Corporations					
SUBJECT: Lady'S Care Center LLC Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for fitting.  Please return all correspondence concerning this matter to the following:					
Melissa O'Rourke					
Vital MD Group Holding, LLC					
3225 Aviation Avenue suite 700					
Miami FL 33133 City/State and Zip Code					
For further information concerning this matter, please call:  ACCURAGE OF 12 CONCERN AND ACCURAGE OF STATE AND ACCURAGE OF THE STATE AND ACCURACE OF					
For further information concerning this matter, please call:					
Melissa O'Rourke at (305) 273-41041  Name of Person  Area Code & Daytime Telephone Number  SA & Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$30.00 Filing Fee & \$55,00 Filing Fee & \$25.00 Filing Fee & \$30.00 Filing Fee & \$25.00					

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 32303

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FAX NO. :3052730405

EROM : EEMMETT

# H09000173022 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on 1.1.1.2008 and assigned Florida document number LOS 000065719 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) B. If amending the registered agent and/or registered office address on our records, enter registered agent aud/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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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FAX NO. :3052730405

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Ziv Code

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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:

MGRM = M	anaging Member		
Title	Name	Address	Type of Action
MGRM	Robert Boyett, MD	3225 Aviation Avenue Suite 700 Miami, PL 33/33	Add Remove
<u>NGRM</u>	VitaIMD Group Holding, LLC	3225 Aviation Avenue Suite 700 Mami, FL 33133	Add Remove
<del></del>			Add Remove
			Add  Remove
			THE THE POOL OF TH
			F SAdd 8vc
D. If amendi	ng any other information, enter change(	(s) here: (Attach additional sheets, if necessary	) 
•			
Dated		Total Bulb mid	
		r printed name of signee	

Page 2 of 2 Filing Fee: \$25.00

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MGR = Manager