

FROM : FEMWEL

Division of Corporations

FAV NO : 30523040

Jan. 21 2009 11:11AM P1

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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

2009 JAN 21 AM 11:16  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA FOREIGN LIMITED LIABILITY CO.**

JAN 22 2008

**Palm Beach OB-GYN, LLC**

RECEIVED

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TALLAHASSEE, FLORIDA

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1/15/2009

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Palm Beach OB-GYN, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Francisco J. Leon

(Name of Person)

VitalMD Group Holding, LLC

(Firm/Company)

3225 Aviation Avenue, Suite 700

(Address)

Miami, FL 33133

(City/State and Zip Code)

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STATE OF FLORIDA  
TALLAHASSEE

FILED

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:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Palm Beach DB-GYN, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**4671 S. Congress Ave.  
Suite 100-B  
Lake Worth, FL 33461**Mailing Address:**3225 Aviation Avenue  
Suite 700  
Miami, FL 33133**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Mitch Yelen

Name

3225 Aviation Avenue, Suite 500Florida street address (P.O. Box NOT acceptable)Miami FL 33133

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.*

Mitch Yelen

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

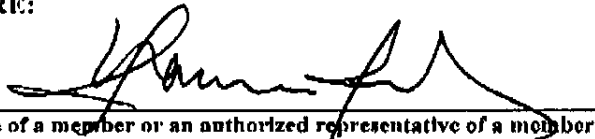
"MGR" = Manager

"MGRM" = Managing Member

MGRM**Name and Address:**VitalMD Group Holding, LLC  
3225 AVIATION AVENUE, Suite 700  
MIAMI, FL 33133

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL.)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Francisco J. Leon

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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FILLARMS:CE-FLORIDA

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