I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 02/12/2019

SIGNATURE: FRANCISCO J. LEON

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L12000097812

Entity Name: FLORIDA GYNECOLOGIC ONCOLOGY AND ROBOTIC SURGERY, LLC

Current Principal Place of Business:

4855 W. HILLSBORO BOULEVARD #B-13 COCONUT CREEK, FL 33073

Current Mailing Address:

3225 AVIATION AVENUE SUITE 700 MIAMI, FL 33133 US

FEI Number: 54-2129332

Name and Address of Current Registered Agent:

YELEN, MITCH 3225 AVIATION AVENUE SUITE 500 MIAMI, FL 33133 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER VITALMD GROUP HOLDING, LLC Name 3225 AVIATION AVENUE, SUITE 700 Address City-State-Zip: MIAMI FL 33133

AUTHORIZED AGENT

Certificate of Status Desired: No

Date

FILED Feb 12, 2019 Secretary of State 3536868414CC

Date