

## Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: epennington@blalockwalters.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BRADENTON AREA TRAUMA SURGEONS (BATS), LLC**

Certificate of Status	1
Certified Copy	1
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Bradenton Area Trauma Surgeons (BATS), LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/21/2011 and assigned Florida document number L11000108202.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**West Coast Surgical Group, PLLC**

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)**

5953 17th Ave West

Bradenton, FL 34209

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

5953 17th Ave West

Bradenton, FL 34209

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Blalock Walters, P.A.

New Registered Office Address:

802 11th Street West

Enter Florida street address

Bradenton

, Florida 34205

City

Zip Code

**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 605, 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.*

*(Signature)*  
**If Changing Registered Agent, Signature of New Registered Agent**

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

MGMR	Paige K. Pennebacker, M.D.	110 39th Street CT NW	<input type="checkbox"/> Add
		Bradenton 205 AF	<input checked="" type="checkbox"/> Remove

MGR	Paige K. Pennebacker, M.D.	5953 17th Ave West	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34209	<input type="checkbox"/> Remove

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SECRETARY  
PAULA J. COOPER  
1111 AVENUE  
BRADENTON, FL 34209

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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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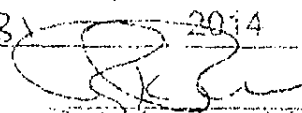
D. If amending any other information, enter changes(s) here: (attach additional sheets, if necessary.)

The specific purpose of this PLLC shall be to  
provide medical care through its members, officers,  
employees, and agents who are duly licensed or  
otherwise legally authorized to render such  
professional service.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after  
the date this document is filed by the Florida Department of State.)

Dated

1/31/2014



Signature of a member or authorized representative of a partner

Paige K. Pennebaker, M.D., Manager

Typed or printed name of signor

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TALLAHASSEE, FLORIDA

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