

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000108202

**Entity Name:** BRADENTON AREA TRAUMA SURGEONS (BATS), LLC

**Current Principal Place of Business:**

110 39TH STREET CT. NW  
BRADENTON, 205

**Current Mailing Address:**

P.O. BOX 14731  
BRADENTON, FL 34280-4731

**FEI Number: 45-3677183**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GREENE, ROBERT FESQUIRE  
601 12TH STREET WEST  
BRADENTON, FL 34205 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

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name PENNEBACKER, PAIGE K  
Address 110 39TH STREET CT. NW  
City-State-Zip: BRADENTON 205

*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.*

**SIGNATURE: PAIGE K PENNEBACKER**

**MGRM**

**01/21/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date