

# L 11000009035

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JAN 17 2012

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BSFW LLC**  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Matt King  
Name of Person  
Bodhi Tree Outsourcing Services LLC  
Firm/Company  
201 Montgomery Avenue  
Address  
Sarasota FL 34243  
City/State and Zip Code  
mking@medfinfl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matt King at ( 941 ) 360-1566  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 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 AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
12 JAN 13 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BFSW 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 January 21, 2011 and assigned  
Florida document number L11000009035.

This amendment is submitted to amend the following:

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

Pasadena Anesthesia Associates LLC

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:

same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

201 Montgomery Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota FL 34243

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:

same

New Registered Office Address:

same

*Enter Florida street address*

Florida

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 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

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:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	<u>Ernst Bontemps MD</u>	<u>201 Montgomery Avenue</u> <u>Sarasota FL 34243</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	<u>Glenn S. Fuoco DO</u>	<u>201 Montgomery Avenue</u> <u>Sarasota FL 34243</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	<u>Sheldon L. Scheinert MD</u>	<u>201 Montgomery Avenue</u> <u>Sarasota FL 34243</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	<u>Michael J. Smith MD</u>	<u>201 Montgomery Avenue</u> <u>Sarasota FL 34243</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	<u>Robert H. Wharton Jr MD</u>	<u>201 Montgomery Avenue</u> <u>Sarasota FL 34243</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

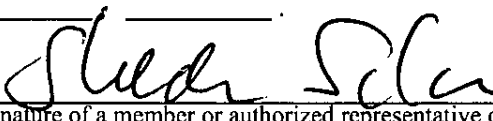
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

Sheldon L. Scheinert MD  
Typed or printed name of signee