

L11000108202

Florida Department of State
Division of Corporations
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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

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Certificate of Status	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:

5953 17th Ave West

(Principal office address MUST BE A STREET ADDRESS)

Bradenton, FL 34209

Enter new mailing address, if applicable:

5953 17th Ave West

(Mailing address MAY BE A POST OFFICE BOX)

Bradenton, FL 34209

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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.

[Handwritten 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>
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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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D. If amending any other information, enter changes 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 a year or 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

[Handwritten signature]

Paige K. Pennebaker, M.D., Manager

(Type or printed name of signor)

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