

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000122105

**Entity Name:** BROAD PAIN CARE PHYSICIANS LLC

**Current Principal Place of Business:**

7100 W CAMINO REAL SUITE 301  
BOCA RATON, FL 33433

**Current Mailing Address:**

7100 W CAMINO REAL SUITE 301  
BOCA RATON, FL 33433 US

**FEI Number:** 27-3718115

**Certificate of Status Desired:** No

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

NORDSTROM, THOMAS  
7100 W CAMINO REAL SUITE 301  
BOCA RATON, FL 33433 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            CONTROLLER  
Name            ZUCKOFF, PETER  
Address        7100 W CAMINO REAL SUITE 301  
City-State-Zip: BOCA RATON FL 33433

Title            CEO/COO  
Name            MARTIN, JAY  
Address        7100 W CAMINO REAL SUITE 301  
City-State-Zip: BOCA RATON FL 33433

Title            VP  
Name            MURPHY, BRIAN  
Address        7100 W CAMINO REAL SUITE 301  
City-State-Zip: BOCA RATON FL 33433

Title            CFO  
Name            NORDSTROM, THOMAS  
Address        7100 W CAMINO REAL SUITE 301  
City-State-Zip: BOCA RATON FL 33433

*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:** PETER ZUCKOFF

**CONTROLLER**

**04/30/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date