

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000122105

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

**Current Principal Place of Business:**

501 GLADES ROAD  
BOCA RATON, FL 33432

**Current Mailing Address:**

501 GLADES ROAD  
BOCA RATON, FL 33432 US

**FEI Number:** 27-3718115

**Certificate of Status Desired:** Yes

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

PLOSKER, HARVEY MD  
501 GLADES ROAD  
BOCA RATON, FL 33432 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 PLOSKER, HARVEY MD  
Address 501 GLADES ROAD  
City-State-Zip: BOCA RATON FL 33432

Title MGRM  
Name ASTROVE, ANDREW  
Address 501 GLADES ROAD  
City-State-Zip: BOCA RATON FL 33432

Title MGRM  
Name STEIN, STEVEN  
Address 501 GLADES ROAD  
City-State-Zip: BOCA RATON FL 33432

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HARVEY PLOSKER

**MANAGING MEMBER**

**04/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date