

2016 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

03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date