

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000059866

FILED
Jun 16, 2014
Secretary of State
CC3625151393

Entity Name: BROAD ANESTHESIA ASSOCIATES, L.L.C.

Current Principal Place of Business:

501 GLADES ROAD
BOCA RATON, FL 33432

Current Mailing Address:

501 GLADES ROAD
BOCA RATON, FL 33432

FEI Number: 65-0307987

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Title P/CEO/D
Name GILLON, BRIAN
Address 501 GLADES ROAD
City-State-Zip: BOCA RATON FL 33432

Title T/S
Name PIASECKI, SHERRY
Address 501 GLADES ROAD
City-State-Zip: BOCA RATON FL 33432

Title D
Name LEVINE, MARC
Address 501 GLADES ROAD
City-State-Zip: BOCA RATON FL 33432

Title D
Name ALVAREZ, RAMON
Address 501 GLADES ROAD
City-State-Zip: BOCA RATON FL 33432

Title D
Name ASTROVE, ANDREW
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN GILLON

PRESIDENT

06/16/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date