

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Feb 27, 2009
Secretary of State**

DOCUMENT# L07000012195

Entity Name: BROAD PAIN CARE CONSULTANTS, LLC

Current Principal Place of Business:

1601 CLINT MOORE ROAD
SUITE 160
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

501 GLADES ROAD
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 20-8392944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARVEY, PLOSKER
501 GLADES ROAD
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROAD ANESTHESIA ASS, OCIATES, A GEN PARTNER
Address: 501 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: HARVEY PLOSKER

MGRM

02/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date