

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012195

FILED  
May 06, 2010  
Secretary of State

**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)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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  
**Name:** BROAD ANESTHESIA ASSOCIATES, A GEN PARTNER  
**Address:** 501 GLADES ROAD  
**City-St-Zip:** BOCA RATON, FL 33432

I hereby 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

MGR

05/06/2010

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