

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012195

FILED
May 04, 2011
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:

1601 CLINT MOORE ROAD
SUITE 160
BOCA RATON, FL 33487 US

Current Mailing Address:

501 GLADES ROAD
BOCA RATON, FL 33432

New Mailing Address:

501 GLADES ROAD
BOCA RATON, FL 33432 US

FEI Number: 20-8392944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HARVEY, PLOSKER 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: HARVEY PLOSKER

05/04/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PLOSKER, HARVEY MD
Address: 501 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM
Name: ASTROVE, ANDREW M.D.
Address: 501 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM
Name: STEIN, STEVEN D.O
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

MGRM

05/04/2011

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