

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012195

FILED  
May 01, 2012  
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 US

**New Principal Place of Business:**

**Current Mailing Address:**

501 GLADES ROAD  
BOCA RATON, FL 33432 US

**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 MD  
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: 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

PRES

05/01/2012

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