

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000122105

FILED  
Jan 25, 2011  
Secretary of State

**Entity Name:** BROAD PAIN CARE PHYSICIANS LLC

**Current Principal Place of Business:**

501 GLADES ROAD  
BOCA RATON, FL 33432

**New Principal Place of Business:**

501 GLADES ROAD  
BOCA RATON, FL 33432 US

**Current Mailing Address:**

501 GLADES ROAD  
BOCA RATON, FL 33432

**New Mailing Address:**

501 GLADES ROAD  
BOCA RATON, FL 33432 US

**FEI Number:** 27-3718115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CECERE, MICHAEL A  
501 GLADES ROAD  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

PLOSKER, HARVEY 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

01/25/2011

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  
Address: 501 GLADES ROAD  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM  
Name: STEIN, STEVEN  
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

01/25/2011

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