

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000122105

FILED
May 01, 2012
Secretary of State

Entity Name: BROAD PAIN CARE PHYSICIANS LLC

Current Principal Place of Business:

501 GLADES ROAD
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

501 GLADES ROAD
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 27-3718115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PLOSKER, HARVEY 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
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

PRES

05/01/2012

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