

L13000059866

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GREENBERG TRAURIG - FORT LAUDERDALE
Account Number : I20040000196
Phone : (954) 765-0500
Fax Number : (954) 765-1477

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: bpmd00@gmail.com

RECEIVED
13 AUG -5 AM 6:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE BROAD ANESTHESIA ASSOCIATES, L.L.C.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG -5 AM 8:25

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AUG - 6 2013
EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROAD ANESTHESIA ASSOCIATES, L.L.C.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HARVEY PLOSKER

Name of Person

BROAD ANESTHESIA ASSOCIATES, L.L.C.

Firm/Company

501 GLADES ROAD

Address

BOCA RATON, FL 33432

City/State and Zip Code

hpmd00@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HARVEY PLOSKER

Name of Person

at (561) 362-4400

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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 STATE DEPT OF STATE
 TALLAHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: BROAD ANESTHESIA ASSOCIATES, L.L.C.

2. (a) Principal office address of limited liability company: 501 GLADES ROAD
BOCA RATON, FL 33432
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 501 GLADES ROAD
BOCA RATON, FL 33432
(Note: MAY BE POST OFFICE BOX)

04/19/2013
3. Date of filing/registration in Florida

L13000059866
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: NRAI SERVICES, INC.

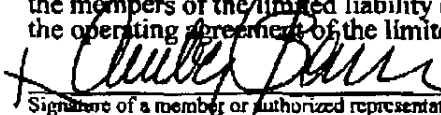
Registered Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: HARVEY PLOSKER

NEW Registered Office Address: 501 GLADES ROAD
BOCA RATON, FL 33432
(MUST BE FLORIDA STREET ADDRESS)


If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



Signature of a member or authorized representative of a member

Andrew Barnett
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00