

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 01, 2006  
Secretary of State**

DOCUMENT# P03000056173

Entity Name: BROAD ANESTHESIA MANAGEMENT CO.

**Current Principal Place of Business:**

971 CYPRESS DR  
DELRAY BCH, FL 33483

**New Principal Place of Business:**

501 GLADES ROAD  
BOCA RATON, FL 33432

**Current Mailing Address:**

971 CYPRESS DR  
DELRAY BCH, FL 33483

**New Mailing Address:**

501 GLADES ROAD  
BOCA RATON, FL 33432

FEI Number: 58-2673452      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PLOSKER, HARVEY  
971 CYPRESS DR  
DELRAY BCH, FL 33483      US

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

PLOSKER, HARVEY  
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      06/01/2006  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: PLOSKER, HARVEY  
Address: 971 CYPRESS DR  
City-St-Zip: DELRAY BCH, FL 33483

Title: D      ( ) Delete  
Name: ASTROVE, ANDREW  
Address: 6702 S GRANDE DR  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: PLOSKER, HARVEY  
Address: 501 GLADES ROAD  
City-St-Zip: BOCA RATON, FL 33432

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY PLOSKER      D      06/01/2006  
Electronic Signature of Signing Officer or Director      Date