

**2007 FOR PROFIT CORPORATION ANNUAL REPORT****FILED  
May 25, 2007  
Secretary of State**

DOCUMENT# P03000056173

**Entity Name:** BROAD ANESTHESIA MANAGEMENT CO.**Current Principal Place of Business:**501 GLADES ROAD  
BOCA RATON, FL 33432**New Principal Place of Business:****Current Mailing Address:**501 GLADES ROAD  
BOCA RATON, FL 33432**New Mailing Address:**

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  
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: PLOSKER, HARVEY  
Address: 501 GLADES ROAD  
City-St-Zip: BOCA RATON, FL 33432Title: D ( ) Delete  
Name: ASTROVE, ANDREW  
Address: 6702 S GRANDE DR  
City-St-Zip: BOCA RATON, FL 33433**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: D (X) Change ( ) Addition  
Name: ASTROVE, ANDREW  
Address: 501 GLADES ROAD  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify 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

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05/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date