

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056173

**FILED**  
**May 04, 2011**  
**Secretary of State**

**Entity Name:** BROAD ANESTHESIA MANAGEMENT CO.

**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:** 58-2673452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PLOSKER, HARVEY H 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PLOSKER, HARVEY M.D.  
Address: 501 GLADES ROAD  
City-St-Zip: BOCA RATON, FL 33432

Title: D  
Name: ASTROVE, ANDREW M.D.  
Address: 501 GLADES ROAD  
City-St-Zip: BOCA RATON, FL 33432

I hereby 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 all other like empowered.

SIGNATURE: HARVEY PLOSKER

MGRM

05/04/2011

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

\_\_\_\_\_ Date