

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056173

FILED
May 01, 2012
Secretary of State

Entity Name: BROAD ANESTHESIA MANAGEMENT CO.

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

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:

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

05/01/2012

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

PRES

05/01/2012

Electronic Signature of Signing Officer or Director

Date