

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012195

Entity Name: BROAD PAIN CARE CONSULTANTS, LLC

Current Principal Place of Business:

7100 WEST CAMINO REAL, 301
BOCA RATON, FL 33433

Current Mailing Address:

7100 WEST CAMINO REAL, 301
BOCA RATON, FL 33433 US

FEI Number: 20-8392944

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORDSTROM, THOMAS
7100 WEST CAMINO REAL, 301
BOCA RATON, FL 33433 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CONTROLLER
Name ZUCKOFF, PETER
Address 7100 WEST CAMINO REAL, STE 301
City-State-Zip: BOCA RATON FL 33433

Title CEO/COO
Name MARTIN, JAY
Address 7100 WEST CAMINO REAL, STE 301
City-State-Zip: BOCA RATON FL 33433

Title VP
Name MURPHY, BRIAN
Address 7100 WEST CAMINO REAL, STE 301
City-State-Zip: BOCA RATON FL 33433

Title CFO
Name NORDSTROM, THOMAS
Address 7100 WEST CAMINO REAL, 301
City-State-Zip: BOCA RATON FL 33433

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER ZUCKOFF

CONTROLLER

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date