

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012195

Entity Name: BROAD PAIN CARE CONSULTANTS, LLC

Current Principal Place of Business:

1601 CLINT MOORE ROAD
SUITE 160
BOCA RATON, FL 33487

Current Mailing Address:

501 GLADES ROAD
BOCA RATON, FL 33432 US

FEI Number: 20-8392944

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HARVEY, PLOSKER MD
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PLOSKER, HARVEY MD
Address 501 GLADES ROAD
City-State-Zip: BOCA RATON FL 33432

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

Title MGRM
Name STEIN, STEVEN D.O
Address 501 GLADES ROAD
City-State-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 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: HARVEY PLOSKER

MGRM

02/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date