

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 603488

**Entity Name:** THE BARRANCO CLINIC, INC.

**Current Principal Place of Business:**

15280 NW 79TH COURT  
SUITE 200  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

15280 NW 79TH COURT  
SUITE 200  
MIAMI LAKES, FL 33016 US

**FEI Number:** 59-1389580

**Certificate of Status Desired:** No

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

FOSTER, SYLVAIN CFO  
15280 NW 79TH COURT  
SUITE 200  
MIAMI LAKES, FL 33016 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:** SYLVAIN FOSTER

04/29/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT AND CEO  
Name            POLFREMAN, JAMES D  
Address        15280 NW 79TH COURT  
                  SUITE 200  
City-State-Zip: MIAMI LAKES FL 33016

Title            CFO  
Name            FOSTER, SYLVAIN CFO  
Address        15280 NW 79TH COURT  
                  SUITE 200  
City-State-Zip: MIAMI LAKES FL 33016

*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:** SYLVAIN FOSTER

CFO

04/29/2025

Electronic Signature of Signing Officer/Director Detail

Date