

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J91197

**Entity Name:** BERENS MEDICAL CENTER, INC.

**Current Principal Place of Business:**

969 NORTH NOB HILL RD  
PLANTATION, FL 33324

**Current Mailing Address:**

969 NORTH NOB HILL RD  
PLANTATION, FL 33324 US

**FEI Number:** 65-0006484

**Certificate of Status Desired:** No

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

BERENS, ABRAM  
969 NORTH NOB HILL RD  
PLANTATION, FL 33324 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

**Officer/Director Detail :**

Title PVT  
Name BERENS, ABRAM  
Address 969 NORTH NOB HILL RD  
City-State-Zip: PLANTATION FL 33324

*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:** ABRAM BERENS MD

**PRESIDENT**

**01/12/2022**

Electronic Signature of Signing Officer/Director Detail

Date