

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000079804

**Entity Name:** BRGR MEDICAL CENTER, INC

**Current Principal Place of Business:**

8200 WEST SUNRISE BLVD - SUITE D 3  
PLANTATION, FL 33322

**Current Mailing Address:**

8200 WEST SUNRISE BLVD - SUITE D 3  
PLANTATION, FL 33322

**FEI Number:** 80-0852300

**Certificate of Status Desired:** No

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

ZAMBRANO, ALDO R  
12636 NW 12 CT  
SUNRISE, FL 33323 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	P	Title	V
Name	ZAMBRANO, ALDO R	Name	ANDRADE, JAVIER D
Address	12636 NW 12 CT	Address	12636 NW 12 CT
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323

*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:** JAVIER ANDRADE

**VICE PRESIDENT**

**05/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date