

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000079804

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

**Current Principal Place of Business:**

8200 WEST SUNRISE BLVD - SUITE D 2  
PLANTATION, FL 33322

**Current Mailing Address:**

8200 WEST SUNRISE BLVD - SUITE D 2  
PLANTATION, FL 33322 US

**FEI Number:** 80-0852300

**Certificate of Status Desired:** Yes

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

ZAMBRANO, ALDO R  
8200 WEST SUNRISE BLVD - SUITE D 2  
PLANTATION, FL 33322 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            PRESIDENT  
Name            ZAMBRANO, ALDO R  
Address        8200 WEST SUNRISE BLVD - SUITE D  
                  2  
City-State-Zip: PLANTATION FL 33322

*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:** ALDO ZAMBRANO

**PRESIDENT**

**03/23/2023**

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

\_\_\_\_\_  
Date