

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010045

FILED
Apr 10, 2007
Secretary of State

Entity Name: BROTHER MEDICAL CENTER, INC.

Current Principal Place of Business:

3990 WEST FLAGLER ST.
201 & 202
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

3990 WEST FLAGLER ST.
201 & 202
MIAMI, FL 33134

New Mailing Address:

FEI Number: 65-1079703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTIERREZ, ROBERTO C
14260 SW 48TH STREET
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUTIERREZ, ROBERTO
Address: 14260 SW 48TH STREET
City-St-Zip: MIAMI, FL 33175 US

Title: VPD (X) Delete
Name: GALLO, DYANET
Address: 11232 SW 159TH PLACE
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERTO GUTIERREZ

PD

04/10/2007

Electronic Signature of Signing Officer or Director

_____ Date