

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000010045

FILED
Oct 23, 2009
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:

GUTIERREZ, ROBERTO C
3990 WEST FLAGLER ST.
201
MIAMI, FL 33134 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: GUTIERREZ, ROBERTO 10/23/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GUTIERREZ, ROBERTO
Address: 3990 WEST FLAGLER ST., STE 201
City-St-Zip: MIAMI, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify 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 10/23/2009

Electronic Signature of Signing Officer or Director Date