

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000010045

**FILED**  
**Nov 30, 2011**  
**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  
3990 WEST FLAGLER ST.  
201  
MIAMI, FL 33134 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: ROBERTO GUTIERREZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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: ROBERTO GUTIERREZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

11/30/2011

\_\_\_\_\_  
Date