

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90448 050 ***150.00

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DOCUMENT # P01000010045



1. Entity Name
BROTHER MEDICAL CENTER, INC.

Principal Place of Business
1111 S.W. 8TH STREET
STE 203
MIAMI FL 33130

Mailing Address
1111 S.W. 8TH STREET
STE 203
MIAMI FL 33130

2. Principal Place of Business
3990 WEST FLAGLER ST

3. Mailing Address
SAME

Suite, Apt. #, etc.
201 & 202

Suite, Apt. #, etc.

City & State
MIAMI, FL 33134

City & State

4. FEI Number
65-1079703

Applied For
Not Applicable

Zip
33134

Country
MIAMI-DADE

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
ROJAS, HUMBERTO D
1111 S.W. 8TH STREET
STE 203-204
MIAMI FL

7. Name and Address of New Registered Agent
Name
ROBERTO C. GUTIERREZ
Street Address (P.O. Box Number is Not Acceptable)
3990 WEST FLAGLER ST SUITE 201 & 202
City **MIAMI** State **FL** Zip Code **33134**

8. 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. I am familiar with, and accept the obligations of the registered agent.

SIGNATURE DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROJAS, HUMBERTO D 12266 S.W. 10 LANE MIAMI FL 33184 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTO C. GUTIERREZ 3640 N W 9th ST APT 106 MIAMI, FL 33125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALDESPINO, MAGALY 2060 S.W. 3 ST APT 1 MIAMI FL 33135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALDO GUTIERREZ 3640 N W 9th ST APT 106 MIAMI, FL 33125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENITO, HERIBERTO 12266 S.W. 10 LANE MIAMI FL 33184 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTELA, FERNANDO P M.D. 7928 WEST DR., #801 NORTH N.V.B. FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCISCO HUERTA P M.D. 9551 FONTAINEBLEU BLVD APT 218 MIAMI FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/2003

Date Daytime Phone #

CR2E034 (10/02)