



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000012469	
1. Entity Name BROWNSVILLE MEDICAL CENTER, INC.	

Principal Place of Business 2525 N.W. 54TH STREET MIAMI, FL 33142	Mailing Address 2525 N.W. 54TH STREET MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE

	
07052007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 20-3856290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAURA, LOURDES
 2525 N.W. 54TH STREET
 MIAMI, FL 33142

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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 registered agent.

SIGNATURE _____ DATE _____

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

Filing Fee is \$61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAURA, LOURDES 2525 N.W. 54TH STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TECOSKY, AMY 2525 N.W. 54TH STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ARMANDO A 2525 N.W. 54TH STREET MIAMI, FL 33142
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/20/07-80007-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: X  Lourdes SAURA 7/1/07 305-663-9935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #