
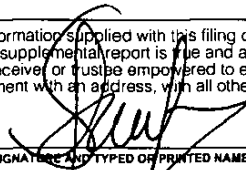


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90005 039 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Country		4. FEI Number 20-3856290
				Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
SAURA, LOURDES 2525 N.W. 54TH STREET MIAMI, FL 33142				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
			Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	D SAURA, LOURDES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAURA, LOURDES	NAME		
STREET ADDRESS	2525 N.W. 54TH STREET	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33142	CITY-ST-ZIP		
TITLE	D TECOSKY, AMY <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TECOSKY, AMY	NAME		
STREET ADDRESS	2525 N.W. 54TH STREET	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33142	CITY-ST-ZIP		
TITLE	D GARCIA, ARMANDO A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, ARMANDO A	NAME		
STREET ADDRESS	2525 N.W. 54TH STREET	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33142	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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 empowers.				
SIGNATURE: 		Date: 4-29-08 Daytime Phone #: (305) 1633-9090		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		