

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2011  
Secretary of State**

DOCUMENT# N05000012469

Entity Name: BROWNSVILLE MEDICAL CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-3856290      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SAURA, LOURDES  
Address: 2525 N.W. 54TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: D  
Name: GARCIA, ARMANDO A  
Address: 2525 N.W. 54TH STREET  
City-St-Zip: MIAMI, FL 33142

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LOURDES SAURA

DIRE

04/29/2011

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

\_\_\_\_\_  
Date