

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000010045

**FILED**  
**Oct 23, 2009**  
**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  
14260 SW 48TH STREET  
MIAMI, FL 33175 US

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

GUTIERREZ, ROBERTO C  
3990 WEST FLAGLER ST.  
201  
MIAMI, FL 33134 US

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:** GUTIERREZ, ROBERTO

10/23/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** GUTIERREZ, ROBERTO  
**Address:** 14260 SW 48TH STREET  
**City-St-Zip:** MIAMI, FL 33175 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PD (X) Change ( ) Addition  
**Name:** GUTIERREZ, ROBERTO  
**Address:** 3990 WEST FLAGLER ST., STE 201  
**City-St-Zip:** MIAMI, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** ROBERTO GUTIERREZ

PD

10/23/2009

Electronic Signature of Signing Officer or Director

Date