

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000012469

**FILED**  
**Mar 24, 2017**  
**Secretary of State**  
**CC7313320870**

**Entity Name:** BROWNSVILLE MEDICAL CENTER, INC.

**Current Principal Place of Business:**

2400 N.W. 54TH STREET  
MIAMI, FL 33142

**Current Mailing Address:**

2400 N.W. 54TH STREET  
MIAMI, FL 33142 US

**FEI Number:** 20-3856290

**Certificate of Status Desired:** No

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

SAURA, LOURDES  
2400 N.W. 54TH STREET  
MIAMI, FL 33142 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name SAURA, LOURDES  
Address 2400 N.W. 54TH STREET  
City-State-Zip: MIAMI FL 33142

Title D  
Name GARCIA, ARMANDO A  
Address 2400 N.W. 54TH STREET  
City-State-Zip: MIAMI FL 33142

Title D  
Name PADILLA, MARTIRES  
Address 2400 N.W. 54TH STREET  
City-State-Zip: MIAMI FL 33142

Title D  
Name PUENTES, AILEEN  
Address 2400 N.W. 54TH STREET  
City-State-Zip: MIAMI FL 33142

Title D  
Name SANGUILY, ARMANDO  
Address 2400 N.W. 54TH STREET  
City-State-Zip: MIAMI FL 33142

Title D  
Name LOPEZ, OSVALDO  
Address 2400 N.W. 54TH STREET  
City-State-Zip: MIAMI FL 33142

Title D  
Name HERERA, JOSE A MD  
Address 2400 N.W. 54TH STREET  
City-State-Zip: MIAMI FL 33142

Title D  
Name RODRIGUEZ, HECTOR A MD  
Address 2400 N.W. 54TH STREET  
City-State-Zip: MIAMI FL 33142

**Continues on page 2**

*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

**REGISTER AGENT**

**03/24/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name MARBAN , EDILBERTO

Address 2400 N.W. 54TH STREET

City-State-Zip: MIAMI FL 33142