

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000012469

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 20-3856290

**Certificate of Status Desired:** No

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

SAURA, LOURDES  
2525 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 2525 N.W. 54TH STREET  
City-State-Zip: MIAMI FL 33142

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

Title D  
Name TECOSKY, AMY  
Address 2525 N.W. 54TH STREET  
City-State-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

PRES

04/27/2013

Electronic Signature of Signing Officer/Director Detail

Date