# 2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000012469

Entity Name: BROWNSVILLE MEDICAL CENTER, INC.

FILED
Jun 02, 2016
Secretary of State
CC1908457276

#### **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: Yes

#### 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 Title D

NameSAURA, LOURDESNameGARCIA, ARMANDO AAddress2400 N.W. 54TH STREETAddress2400 N.W. 54TH STREET

City-State-Zip: MIAMI FL 33142 City-State-Zip: MIAMI FL 33142

Title D Title D

Name PADILLA, MARTIRES Name PUENTES, AILEEN

Address 2400 N.W. 54TH STREET Address 2400 N.W. 54TH STREET

City-State-Zip: MIAMI FL 33142 City-State-Zip: MIAMI FL 33142

Title D Title D

Name SANGUILY, ARMANDO Name LOPEZ, OSVALDO

Address 2400 N.W. 54TH STREET Address 2400 N.W. 54TH STREET

City-State-Zip: MIAMI FL 33142 City-State-Zip: MIAMI FL 33142

Title D Title C

Name HERERA, JOSE A MD Name RODRIGUEZ, HECTOR A MD Address 2400 N.W. 54TH STREET Address 2400 N.W. 54TH STREET

City-State-Zip: MIAMI FL 33142 City-State-Zip: MIAMI FL 33142

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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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: LOURDES SAURA

06/02/2016

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name MARBAN , EDILBERTO
Address 2400 N.W. 54TH STREET

City-State-Zip: MIAMI FL 33142