## 2014 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

FILED Mar 20, 2014

**Secretary of State** 

CC0693377455

Officer/Director Detail:

Title D Title D

NameSAURA, LOURDESNameGARCIA, ARMANDO AAddress2525 N.W. 54TH STREETAddress2525 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
 2525 NW 54 ST
 Address
 2525 NW 54 ST

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

Title D Title C

Name SANGUILY, ARMANDO Name LOPEZ, OSVALDO

Address 2525 NW 54 ST. Address 2525 N.W. 54TH STREET

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

Title D Title D

NameHERERA, JOSE A MDNameRODRIGUEZ, HECTOR A MDAddress2525 N.W. 54TH STREETAddress2525 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.

SIGNATURE: LOURDES SAURA DIRECTOR 03/20/2014

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title D Title DIRECTOR

Name QUIROS, JOSE D Name MARBAN , EDILBERTO

Address 2525 N.W. 54TH STREET Address 2525 N.W. 54TH STREET

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