

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012469

FILED
Mar 14, 2019
Secretary of State
2074614943CC

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

Title DIRECTOR
Name MARBAN , EDILBERTO
Address 2400 N.W. 54TH STREET
City-State-Zip: MIAMI FL 33142

Title D
Name GARCIA, ORLANDO
Address 2400 NW 54 ST
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

D

03/14/2019

Electronic Signature of Signing Officer/Director Detail

Date