

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005653

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: PHILIPPINE MEDICAL SOCIETY OF FLORIDA, INC., GULF COAST CHAPTER

**Current Principal Place of Business:**

555 RANCH ROAD  
TARPON SPRINGS, FL 34688

**New Principal Place of Business:**

**Current Mailing Address:**

555 RANCH ROAD  
TARPON SPRINGS,, FL 34688

**New Mailing Address:**

FEI Number: 65-1253195      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CUA, WILLIAM L DR.  
555 RANCH ROAD  
TARPON SPRINGS, FL 34688      US

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

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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: DY, RODOLFO MD  
Address: 14100 FIVAY RD., STE. 130  
City-St-Zip: HUDSON, FL 34667

Title: D      ( ) Delete  
Name: CABIGAS, VIRGILIO MD  
Address: 1500 LAKELAND HILLS BLVD.  
City-St-Zip: LAKELAND, FL 33805

Title: D      ( ) Delete  
Name: NUNAG, CLEMENTE MD  
Address: 1312 LORI DR.  
City-St-Zip: SPRINGHILL, FL 34606

Title: D      ( ) Delete  
Name: CUA, RICA MD  
Address: 555 RANCH RD.  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D      ( ) Delete  
Name: DOMPOR, FATIMA MD  
Address: 205 W. MLK BLVD.  
City-St-Zip: TAMPA, FL 33603

Title: D      ( ) Delete  
Name: BATAS, VENERANDO MD  
Address: 2914 N. BLVD.  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM L. CUA

DR

04/10/2007

Electronic Signature of Signing Officer or Director

Date