

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005653

FILED
Jan 06, 2012
Secretary of State

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

Current Principal Place of Business:

5016 DORMAN ROAD
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

5016 DORMAN ROAD
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 65-1253195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, GRETO L MD
5016 DORMAN ROAD
LAKELAND, FL 33813 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
Name: RAMOS, GRETO L MD
Address: 5016 DORMAN ROAD
City-St-Zip: LAKELAND, FL 33813

Title: D
Name: NUNAG, CLEMENTE MD
Address: 10222 YALE AVENUE
City-St-Zip: BROOKSVILLE, FL 34613

Title: D
Name: CIMA FRANCA, JUDITH MD
Address: 121 HICKORY CREEK BLVD.
City-St-Zip: BRANDON, FL 33511

Title: D
Name: ESPIRITU, LEON MD
Address: 901 ST. ANNES CT.
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D
Name: AQUI, PRUDENCIO MD
Address: 15427 KINGSMONT DR.
City-St-Zip: LAKELAND, FL 33813

Title: D
Name: MENDOZA, QUERUBIN MD
Address: 13905 CAPTAIN REEF CT.
City-St-Zip: TAMPA, FL 33624

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: GRETO L. RAMOS, MD

MD

01/06/2012

Electronic Signature of Signing Officer or Director

Date