

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N08000001283

Entity Name: PHILIPPINE ASSOCIATION OF MEDICAL TECHNOLOGISTS (PAMET-USA) FLORIDA CHAPTER, INCORPORATED

Current Principal Place of Business:

9977 SAVANNAH BLUFF LANE
ORLANDO, FL 32829

New Principal Place of Business:

Current Mailing Address:

9977 SAVANNAH BLUFF LANE
ORLANDO, FL 32829

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EDUARDO, EUGENIA
9977 SAVANNAH BLUFF LANE
ORLANDO, FL 32829 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: PD () Delete
Name: EDUARDO, EUGENIA
Address: 9977 SAVANNAH BLUFF LANE
City-St-Zip: ORLANDO, FL 32829

Title: 1VP () Delete
Name: GALANG, CARMELITA P
Address: 12705 ASTON OAKS DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: T () Delete
Name: LEONARDO, GLAYDS
Address: 11775 KENNINGTON CT
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: GALANG, FERNANDO
Address: 12705 ASTON OAKS DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: JAMERO, ARACELI
Address: 2236 ALBION AVE
City-St-Zip: ORLANDO, FL 32806

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:

I hereby certify that the information supplied with this filing does not qualify 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: MARIA EUGENIA EDUARDO

PD

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date