

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001283

**FILED**  
**Jan 09, 2010**  
**Secretary of State**

**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: 26-1893817

FEI Number Applied For ( )

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

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

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

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

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

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: EUGENIA EDUARDO

PD

01/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date