

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001283

FILED
Feb 18, 2012
Secretary of State

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

Current Principal Place of Business:

12705 ASTON OAKS DRIVE
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

12705 ASTON OAKS DRIVE
FORT MYERS, FL 33912

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:

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

Title: P-E
Name: BAUTISTA, LUCITA FE F
Address: 9720 94TH ST. NORTH
City-St-Zip: SEMINOLE, FL 33777

Title: T
Name: CHEW, MARLENE L
Address: 7902 CAMERON CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: S
Name: TANAWAN, RIZALINA B
Address: 12865 PINEFOREST WAY WEST
City-St-Zip: LARGO, FL 33773

Title: VP
Name: GINES, MAURO
Address: 1600 SHEFFIELD PARK CT.
City-St-Zip: JACKSONVILLE, FL 32225

Title: AD
Name: EDUARDO, MA. EUGENIA L
Address: 9977 SAVANNAH BLUFF
City-St-Zip: ORLANDO, FL 32828

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: CARMELITA P GALANG

PRES

02/18/2012

Electronic Signature of Signing Officer or Director

Date