

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005653

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

FILED
Jan 22, 2022
Secretary of State
3206773262CC

Current Principal Place of Business:

13705 SUN CT
TAMPA, FL 33624

Current Mailing Address:

13705 SUN CT
TAMPA, FL 33624 US

FEI Number: 65-1253195

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALVIOR, JONATHAN MD
13705 SUN CT
TAMPA, FL 33624 US

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: JONATHAN ALVIOR, MD

01/22/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ALVIOR, JONATHAN MD
Address 13705 SUN CT
City-State-Zip: TAMPA FL 33624

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

Title PRO
Name TENA, ROSITA MD
Address 540 SOMERHILL DR NE
City-State-Zip: ST PETERSBURG FL 33716

Title ADVISER
Name BATAS, VENERANDO MD
Address 1401 BAYSHORE BLVD
City-State-Zip: TAMPA FL 33606

Title VICE PRESIDENT
Name YASON, LEO MD
Address 123 EAST HAVEN, DR.
City-State-Zip: SPRING HILL FL 34609

Title SECRETARY
Name BUENO , JOCELYN D MD
Address 5733 SEA TTURTLE PL
City-State-Zip: RUSKIN FL 33573

Title PRO
Name SANTAMARIA , RAMON MD
Address 934 ALLEGRO LANE
City-State-Zip: APOLLO BECH FL 33572

Title ADVISER
Name NUNAG, CLEMENTE MD
Address 10222 YALE AVE
City-State-Zip: SPRING HILL FL 34613

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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: JONATHAN ALVIOR, MD

PRESIDENT

01/22/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title AUDITOR
Name SANCHEZ, GABRIEL M.D.
Address 4804 LONGWATER
City-State-Zip: TAMPA FL

Title ADVISER
Name CIMA FRANCA, JUDITH MD
Address 121 HICKORY CREEK BLVD
City-State-Zip: BRANDON FL 33511

Title ADVISER
Name MENDOZA, QUERUBIN MD
Address 13905 CAPTAINS REEF CT
City-State-Zip: TAMPA FL 33624

Title ADVISER
Name RAMOS, GRETO MD
Address 5016 DORMAN ROAD
City-State-Zip: LAKELAND FL 33813