

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005653

FILED
Feb 07, 2014
Secretary of State
CC4574080313

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

Current Principal Place of Business:

5016 DORMAN ROAD
LAKELAND, FL 33813

Current Mailing Address:

5016 DORMAN ROAD
LAKELAND, FL 33813

FEI Number: 65-1253195

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMOS, GRETO L MD
5016 DORMAN ROAD
LAKELAND, FL 33813 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: GRETO L RAMOS, M.D.

02/07/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title ADVISER, PAST PRESIDENT
Name NUNAG, CLEMENTE MD
Address 10222 YALE AVENUE
City-State-Zip: BROOKSVILLE FL 34613

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

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

Title AUDITOR
Name SANTOS, RESSURECION A MD
Address 15427 KINGSMONT DR.
City-State-Zip: LAKELAND FL 33813

Title PRO
Name MENDOZA, QUERUBIN MD
Address 13905 CAPTAIN REEF CT.
City-State-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

PRESIDENT

02/07/2014

Electronic Signature of Signing Officer/Director Detail

Date