

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 18, 2016
Secretary of State
CC4906318045

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

Current Principal Place of Business:

121 HICKORY CREEK BLVD
BRANDON, FL 33511

Current Mailing Address:

121 HICKORY CREEK BLVD
BRANDON, FL 33511 US

FEI Number: 65-1253195

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CIMAFRANCA, JUDITH MD
121 HICKORY CREEK BLVD
BRANDON, FL 33511 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: JUDITH CIMAFRANCA, MD

03/18/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CIMAFRANCA, JUDITH MD
Address 121 HICKORY CREEK BLVD
City-State-Zip: BRANDON FL 33511

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

Title SECRETARY
Name CUA, RIQUESA MD
Address 555 RANCH RD
City-State-Zip: TARPON SPRING FL 34689

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

Title AUDITOR
Name BUENO , JOCELYN D MD
Address 819 CYORESS VILLAGE BLVD
City-State-Zip: RUSKIN FL 33573

Title PRO
Name MENDOZA, QUERUBIN MD
Address 13905 CAPTAIN REEF CT.
City-State-Zip: TAMPA FL 33624

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

Title VICE PRESIDENT/PRESIDENT ELECT
Name LATORRE, RANDALL MD
Address 16622 N DALE MABRY HWY
City-State-Zip: TAMPA FL 33813

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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: JUDITH CIMAFRANCA, MD

PRESIDENT

03/18/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRO
Name MENDOZA, QUEBUBIN MD
Address 13905 CAPTAIN'S REEF CT
City-State-Zip: TAMPA FL 33624

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

Title ADVISERR
Name DY, RUDOLFO MD
Address 273 RUE DES CHATEAUX
City-State-Zip: TARPON SPRINGS FL 34688

Title BOARD OF DIRECTOR
Name DE JESUS, MARITESS MD
Address 14786 SAN MARSALA CT.
City-State-Zip: TAMPA FL 33626

Title ADVISER
Name CUA, WILLIAM MD
Address 555 RANCH RD
City-State-Zip: TARPON SPRING FL 34689