

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005653

**FILED**  
**Mar 24, 2018**  
**Secretary of State**  
**CC7086683505**

**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

03/24/2018

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

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

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

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

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

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

**Continues on page 2**

*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, M.D.

**PRESIDENT**

03/24/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title VP/PRESIDENT ELECT  
Name ALVIOR, JONATHAN M.D.  
Address 1905 W. BUSCH BLVD.  
City-State-Zip: TAMPA FL 33612