

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005653

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

**FILED**  
**Feb 11, 2024**  
**Secretary of State**  
**2246265751CC**

**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**

**02/11/2024**

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        6034 MARSH TRAIL DRIVE  
City-State-Zip: ODESSA FL 33556

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**

**02/11/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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