

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005653

**FILED**  
**Feb 25, 2013**  
**Secretary of State**  
**CC3379071307**

**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.

02/25/2013

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           SANTOSI, 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**

02/25/2013

Electronic Signature of Signing Officer/Director Detail

Date