### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001283

Entity Name: PHILIPPINE ASSOCIATION OF MEDICAL TECHNOLOGISTS

(PAMET-USA) FLORIDA CHAPTER, INCORPORATED

# **Current Principal Place of Business:**

9720 94 STREET N SEMINOLE, FL 33777

## **Current Mailing Address:**

9720 94 STREET N SEMINOLE, FL 33777 US

FEI Number: 26-1893817 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

BAUTISTA, LUCY F 9720 94 STREET N SEMINOLE, FL 33777 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: LUCY BAUTISTA 03/14/2016

Electronic Signature of Registered Agent

## Officer/Director Detail:

Title AD Title P-E

NameGALANG, CARMELITA PNameBAUTISTA, LUCITA FE FAddress7597 DREW OAK DRIVEAddress9720 94TH ST. NORTHCity-State-Zip:SEMINOLE FL 33772City-State-Zip:SEMINOLE FL 33777

Title T Title S

Name CHEW, MARLENE L Name TANAWAN, RIZALINA B

Address 7902 CAMERON CIRCLE Address 12865 PINEFOREST WAY WEST

City-State-Zip: FORT MYERS FL 33912 City-State-Zip: LARGO FL 33773

Title VP Title AD

NameGINES, MAURONameEDUARDO, MA. EUGENIA LAddress1600 SHEFFIELD PARK CT.Address9977 SAVANNAH BLUFFCity-State-Zip:JACKSONVILLE FL 32225City-State-Zip:ORLANDO FL 32828

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: BAUTISTA, LUCITA FE F

**PRESIDENT** 

03/14/2016

FILED Mar 14, 2016

**Secretary of State** 

CC7566091462

Date