

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001283

**Entity Name:** PHILIPPINE ASSOCIATION OF MEDICAL TECHNOLOGISTS  
(PAMET-USA) FLORIDA CHAPTER, INCORPORATED

**FILED**  
**Jan 11, 2021**  
**Secretary of State**  
**8623413759CC**

**Current Principal Place of Business:**

23089 VIA STEL  
BOCA RATON, FL 33433

**Current Mailing Address:**

23089 VIA STEL  
BOCA RATON, FL 33433 US

**FEI Number: 26-1893817**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CALAOR, ALAN B  
23089 VIA STEL  
BOCA RATON, FL 33433 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: ALAN B. CALAOR**

**01/11/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title AD  
Name GALANG, CARMELITA P  
Address 7597 DREW OAK DRIVE  
City-State-Zip: SEMINOLE FL 33772

Title OTHER, ADVISOR  
Name BAUTISTA, LUCITA FE F  
Address 9720 94TH ST. NORTH  
City-State-Zip: SEMINOLE FL 33777

Title S  
Name GAAS, TRINIDAD  
Address 1701 GREEN ROAD  
City-State-Zip: POMPANO FL 33064

Title TREASURER  
Name JEFFRY, NG  
Address 1701 GREEN ROAD  
City-State-Zip: POMPANO FL 33064

Title AD  
Name EDUARDO, MA. EUGENIA L  
Address 9977 SAVANNAH BLUFF  
City-State-Zip: ORLANDO FL 32828

Title PRESIDENT  
Name CALAOR, ALAN B  
Address 23089 VIA STEL  
City-State-Zip: BOCA RATON FL 33433

Title VP  
Name JUAN, RONEL  
Address 6100 FOREST HILL BLVD  
City-State-Zip: WEST PALM BEACH FL 33415

Title VP  
Name DAODAO, PERRY  
Address 23089 VIA STEL  
City-State-Zip: BOCA RATON FL 33433

**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: ALAN B. CALAOR**

**PRESIDENT**

**01/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name LIM, ILLINOR KRISTIN  
Address 23089 VIA STEL  
City-State-Zip: BOCA RATON FL 33433