

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001283

FILED
Feb 09, 2015
Secretary of State
CC6172161016

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: No

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

02/09/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title AD
Name GALANG, CARMELITA P
Address 9720 94 STREET N
City-State-Zip: SEMINOLE FL 33777

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

Title T
Name CHEW, MARLENE L
Address 7902 CAMERON CIRCLE
City-State-Zip: FORT MYERS FL 33912

Title S
Name TANAWAN, RIZALINA B
Address 12865 PINEFOREST WAY WEST
City-State-Zip: LARGO FL 33773

Title VP
Name GINES, MAURO
Address 1600 SHEFFIELD PARK CT.
City-State-Zip: JACKSONVILLE FL 32225

Title AD
Name EDUARDO, MA. EUGENIA L
Address 9977 SAVANNAH BLUFF
City-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: GALANG, CARMELITA P.

AD

02/09/2015

Electronic Signature of Signing Officer/Director Detail

Date