

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

DOCUMENT# N08000001283

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

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**2891483789CC**

**Current Principal Place of Business:**

13400 NE 9TH AVE NORTH MIAMI  
MIAMI, FL 33161

**Current Mailing Address:**

13400 NE 9TH AVE NORTH MIAMI  
MIAMI, FL 33161 US

**FEI Number: 26-1893817**

**Certificate of Status Desired: No**

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

SEBASTIAN, MA RITA CRISTINA S  
13400 NE 9TH AVE NORTH MIAMI  
MIAMI, FL 33161 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: MA RITA CRISTINA SEBASTIAN**

**04/30/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title ADVISER  
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 PRESIDENT  
Name SEBASTIAN, MA RITA CRISTINA S  
Address 13400 NE 9TH AVE NORTH MIAMI  
City-State-Zip: MIAMI FL 33161

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

Title CORRESPONDING SECRETARY  
Name SAYO, MARIQUIT  
Address 7180 NW 179ST  
City-State-Zip: HIALEAH FL 33015

Title RECORDING SECRETARY  
Name RAPANUT, MICHELLE  
Address 10512 GALLERIA ST.  
City-State-Zip: WELLINGTON FL 33414

Title TREASURER  
Name AURELIO, ALLAN  
Address 201 FOXTAIL DR  
APT C1  
City-State-Zip: GREENACRES FL 33415

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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: MA RITA CRISTINA SEBASTIAN**

**PRESIDENT**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title AUDITOR  
Name SELISPARA, EDITH  
Address 850 CENTRAL PARKE CIRCLE  
APT 104  
City-State-Zip: LAKELAND FL 33805

Title BUSINESS MANAGER  
Name PABUSTAN, JOHN CARLO  
Address 8166 MONTASONTA AVE.  
City-State-Zip: JACKSONVILLE FL 32211

Title VP  
Name REYES, SHERWIN N  
Address 740 SW 109TH AVENUE  
APT 1535  
City-State-Zip: MIAMI FL 33174

Title BOARD MEMBER  
Name EVANGELISTA, LORENZO DERRICK P  
Address 4304 ALTON ROAD  
SUITE 232  
City-State-Zip: MIAMI BEACH FL 33140

Title PRO  
Name BAUTISTA, MANUEL  
Address 4106 VISTA VERDE DR  
APT 10  
City-State-Zip: NEW PORT RICHEY FL 34655

Title BOARD MEMBER  
Name VILLAMIL, JR, ZOSIMO  
Address 4304 ALTON ROAD  
SUITE 232  
City-State-Zip: MIAMI BEACH FL 33140

Title BOARD MEMBER  
Name FUENTES, MARY DENNETH R  
Address 740 SW 109TH AVENUE  
APT 1535  
City-State-Zip: MIAMI FL 33174