

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001283

**FILED**  
**Jan 22, 2014**  
**Secretary of State**  
**CC8324008347**

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

**Current Principal Place of Business:**

12705 ASTON OAKS DRIVE  
FORT MYERS, FL 33912

**Current Mailing Address:**

12705 ASTON OAKS DRIVE  
FORT MYERS, FL 33912

**FEI Number: 26-1893817**

**Certificate of Status Desired: Yes**

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

GALANG, CARMELITA P  
12705 ASTON OAKS DRIVE  
FORT MYERS, FL 33912 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GALANG, CARMELITA P  
Address 12705 ASTON OAKS DRIVE  
City-State-Zip: FORT MYERS FL 33912

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: CARMELITA P. GALANG**

**PRESIDENT, PAMETFL**

**01/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date