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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744602** (4)

1. Corporation Name

PHILIPPINE MEDICAL SOCIETY OF FLORIDA, INCORPORATED EAST COAST CHAPTER



Principal Place of Business

Mailing Address

**580 W 8TH STREET
705
JACKSONVILLE FL 32202
US**

**580 W 8TH ST
705
JACKSONVILLE FL 32202
US**

3. Date Incorporated or Qualified
10/16/1978

3a. Date of Last Report
06/27/1996

2. Principal Place of Business

2a. Mailing Address

21 1112 THIRD ST.

26 1112 THIRD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 7

27 SUITE 7

City & State

City & State

23 NEPTUNE BEACH, FL

28 NEPTUNE BEACH, FL

Zip
24 32266

Country
25 USA

Zip
29 32266

Country
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIVAS, OSLER
580 W 8TH ST, SUITE 705
JACKSONVILLE FL 32202**

81 Name HORTENCIA H. ESPINO

**82 Street Address (P.O. Box Number is Not Acceptable)
2315-17 PARK ST**

83

84 City JACKSONVILLE FL 85 Zip Code 32204

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Hortencia H. Espino M.D.

2/21/97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RIVAS, OSLER FC	
STREET ADDRESS	580 W 8TH ST, SUITE 705	
CITY - ST - ZIP	JACKSONVILLE FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ESPINO, HORTENCIA H.	
1.3 STREET ADDRESS	2315-17 PARK ST	
1.4 CITY - ST - ZIP	JACKSONVILLE, FL, 32204	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEL ROSOWO	
STREET ADDRESS	225 W. ASHLEY	
CITY - ST - ZIP	JACKSONVILLE FL	

2.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEL ROSARIO, LEONARDO	
2.3 STREET ADDRESS	225 W. ASHLEY	
2.4 CITY - ST - ZIP	JACKSONVILLE, FL. 32202	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ESPINO, HORTENCIA	
STREET ADDRESS	2315 PODA ST	
CITY - ST - ZIP	JACKSONVILLE FL	

3.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRANCIS ONG	
3.3 STREET ADDRESS	2137 CHRISTOPHER CREEK	
3.4 CITY - ST - ZIP	JACKSONVILLE, FL. 32217	

TITLE	T	<input type="checkbox"/> DELETE
NAME	ALIGNAY, ARSENIA	
STREET ADDRESS	2333 GLENN FINNAN DRIVE	
CITY - ST - ZIP	ORANGE PARK FL	

4.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILBUR BALA	
4.3 STREET ADDRESS	1215 IDLEWILD AVE	
4.4 CITY - ST - ZIP	GREENCOVE SPRINGS, FL. 32043	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ESPINO, GONZALO A.C. JR.	
STREET ADDRESS	2315 PARK STREET	
CITY - ST - ZIP	JACKSONVILLE FL	

5.1 TITLE	V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MALALANG, BENJAMIN	
5.3 STREET ADDRESS	2359 ANNISTON Rd.	
5.4 CITY - ST - ZIP	JACKSONVILLE, FL. 32216	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BALA, WILBUR	
STREET ADDRESS	1 DOCTOR DR.	
CITY - ST - ZIP	GREEN COVE SPRINGS FL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Hortencia H. Espino M.D.

2/21/97

904-3873124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0008185

CR2E037 (9/96)