


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **744602** (4)
1. Corporation Name
PHILIPPINE MEDICAL SOCIETY OF FLORIDA, INCORPORATED EAST COAST CHAPTER



Principal Place of Business
**1112 THIRD ST
SUITE 7
NEPTUNE BEACH FL 32266
US**

Mailing Address
**1112 THIRD ST
SUITE 7
NEPTUNE BEACH FL 32266
US**

| | |
|---|---------------------------------------|
| 3. Date incorporated or Qualified 10/16/1978 | Applied For Not Applicable |
| 4. FEI Number 59-3036122 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

**ESPINO, HORTENCIA H.
2315-17 PARK ST
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |
| FL | |

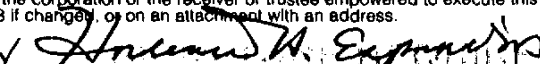
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | P ESPINO, HORTENCIA H. |
| STREET ADDRESS | 2315-17 PARK ST |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D DEL ROSARIO, LEONARDO |
| STREET ADDRESS | 225 W. ASHLEY |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | D ONG, FRANCIS |
| STREET ADDRESS | 2737 CHRISTOPHER CREEK |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D BALA, WILBUR |
| STREET ADDRESS | 1215 IDLEWILD AVE |
| CITY - ST - ZIP | GREENCOVE SPRINGS FL |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | V MALALANG, BENJAMIN |
| STREET ADDRESS | 2359 ANNISTON RD |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | DIRECTOR (D) |
| 3.3 STREET ADDRESS | BEETHOVEN RUEDAS |
| 3.4 CITY - ST - ZIP | 4231 SNOWDON LANE |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | JACKSONVILLE, FL 32225 |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | VICE PRES. (V) |
| 5.3 STREET ADDRESS | NORNITA PAPA-PATANGAN |
| 5.4 CITY - ST - ZIP | 4618 NORWOOD AVENUE |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | JACKSONVILLE, FL 32206 |

14. I 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:  4/11/98 904-387-3124

CR2E037 (10/97)