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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744602

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/16/1978
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-3036122
24	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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

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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINO, HORTENCIA H.	1.2 NAME	
STREET ADDRESS	2315-17 PARK ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL ROSARIO, LEONARDO	2.2 NAME	
STREET ADDRESS	225 W. ASHLEY	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUEDAS, BEETHOVEN	3.2 NAME	
STREET ADDRESS	4231 SNOWDON LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALA, WILBUR	4.2 NAME	
STREET ADDRESS	1215 IDLEWILD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENCOVE SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPA-PATANGAN, NORMITA	5.2 NAME	
STREET ADDRESS	4618 NORWOOD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	5.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNA MARIA ABRIGO	6.2 NAME	
STREET ADDRESS	667 WYNDHAM COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32073	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Anna Maria Abrigo* **SIGNATURE REQUIRED:** **ANNA M. ABRIGO** **4/1/99** **(904) EXT 453** **782-3811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

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