

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90150 028 \*\*\*\*61.25

**DOCUMENT #** 744602 **2**  
**1. Entity Name**  
 PHILIPPINE MEDICAL SOCIETY INC.  
 EAST COAST CHAPTER..

**Principal Place of Business** **Mailing Address**  
 225 W. ASHLEY AVE.  
 VAO, FL. 32202.

**2. Principal Place of Business** **3. Mailing Address**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

**City & State** **City & State**

**Zip** **Country** **Zip** **Country**

**4. FEI Number** 9-303612V **Applied For**  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 NORMITA PAPA-PATANGAN M.D.  
 225 W. ASHLEY AVE.  
 VAO, FL. 32202.

**8. 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** *Normita Papa-Patangan* **NORMITA PAPA-PATANGAN** **9-9-00**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

**FILE NOW:**  
**FEE IS \$61.25**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to**  
**Department of State**

**10. OFFICERS AND DIRECTORS**

**TITLE** **NAME** **STREET ADDRESS** **CITY - ST - ZIP**  
 PRESIDENT  
 NORMITA PAPA-PATANGAN  
 4618 NORWOOD AVE.  
 JAX, FL. 32206.

**TITLE** **NAME** **STREET ADDRESS** **CITY - ST - ZIP**  
 VICE PRESIDENT  
 FRANCIS ONG  
 580 W. 8th St. S 713  
 JAX, FL. 32209.

**TITLE** **NAME** **STREET ADDRESS** **CITY - ST - ZIP**  
 SECRETARY  
 GSTER MACH.  
 717 PALMORAL LANE  
 O.P. FL. 32073.

**TITLE** **NAME** **STREET ADDRESS** **CITY - ST - ZIP**  
 TREASURER  
 ANTOINETTE KOB.  
 1543 KINGSLEY AVE.  
 O.P. FL. 32073.

**TITLE** **NAME** **STREET ADDRESS** **CITY - ST - ZIP**  
 AUDITOR  
 BENJAMIN SANERA.  
 P.O. Box 846.  
 BRANFORD, FL. 32008.

**TITLE** **NAME** **STREET ADDRESS** **CITY - ST - ZIP**  
 BOARD OF ADVISOR.  
 LEONARDO DEL ROSARIO.  
 225 W. ASHLEY AVE.  
 JAX, FL. 32202.

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** **NAME** **STREET ADDRESS** **CITY - ST - ZIP**  
 BOARD OF DIRECTOR.  
 ROTULO MELLA.  
 580 W. 8th St. H 801  
 JAX, FL. 32209.

**TITLE** **NAME** **STREET ADDRESS** **CITY - ST - ZIP**  
 BOARD OF DIRECTOR.  
 DORY SOTO MAYOR.  
 4849 FRENCH ST.  
 JAX, FL. 32205.

**TITLE** **NAME** **STREET ADDRESS** **CITY - ST - ZIP**  
 BOARD OF DIRECTOR.  
 OSOR RIVAS.  
 5711-12 BOWDEN RD.  
 JAX, FL. 32216.

**TITLE** **NAME** **STREET ADDRESS** **CITY - ST - ZIP**  
 BOARD OF DIRECTOR.  
 POL GONZALES  
 301 HEALTH PARK BLVD. S220  
 ST. AUGUSTINE, FL. 32086.

**12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Normita Papa-Patangan* **NORMITA PAPA-PATANGAN MD** **9-9-00** **904-768-0313**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**