

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 744602

1. Entity Name
PHILIPPINE MEDICAL SOCIETY OF FLORIDA,
INCORPORATED EAST COAST CHAPTER



Principal Place of Business
8242 JOSE CIRCLE WEST
JACKSONVILLE, FL 32217 US

Mailing Address
8242 JOSE CIRCLE WEST
JACKSONVILLE, FL 32217 US



02182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3036122

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, LORENZO M.D.
8242 JOSE CIRCLE WEST
JACKSONVILLE, FL 32217

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
ONG, FRANCIS
580 WEST 8TH ST., STE 713
JACKSONVILLE, FL 32209

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
MACAM, ESTHER
717 BALMORAL LANE
ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
FERRER, ASTERIA A
3538 E. COMPASS ROSE DR.
JACKSONVILLE, FL 32216

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AUD
SAMERA, BENJAMIN
PO BOX 846
BRANFORD, FL 32008

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
GARCIA, LORENZO
8242 JOSE CIRCLE WEST
JACKSONVILLE, FL 32217

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000066028
02/25/04-80061-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/04 (904) 634-1041