


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90051 002 ****70.00

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
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40037599



2. Principal Place of Business		3. Mailing Address		03142005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Asteria A Ferrer, MD Suite, Apt. #, etc.		4. FEI Number 59-3036122	
City & State		City & State Jacksonville FL		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
32216	USA	32216	USA		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GARCIA, LORENZO M.D. 8242 JOSE CIRCLE WEST JACKSONVILLE, FL 32217		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ONG, FRANCIS 580 WEST 8TH ST., STE 713 JACKSONVILLE, FL 32209 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOE, ANTOINETTE 2549 COUNTRY CLUB BLVD ORANGE PARK FL 32073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACAM, ESTHER 717 BALMORAL LANE ORANGE PARK, FL 32073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MINA, BETTY M 4654 REEDBARK LANE JACKSONVILLE FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERRER, ASTERIA A 3538 E. COMPASS ROSE DR. JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUD ONG, CARMENCITA 3521 POINT PLEASANT ROAD JACKSONVILLE FL 32217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUD SAMERA, BENJAMIN PO BOX 846 BRANFORD, FL 32008 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, LORENZO 8242 JOSE CIRCLE WEST JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Lorenzo M. Garcia* GARCIA, LORENZO, PRES 904: 731-7464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #