2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

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1. Entity Nam PHILIPPI	ne INE MEDI	# 744602 CAL SOCIETY O EAST COAST CH						5-01-2006	•		
2294 M Atlant		t Rd.	Mailing Address Bienvenid P.O.Box 8 Branford,	o.Samer 46	•).	5 (90m) 180)	AIRK ANTA AIM ACH	n fini disti diga di	in diën bleg sie	INN C RU
				3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			04172006	Chg-NP	CR2E0	37 (11/05)	
City & State			City & State	City & State			4. FEI Number Applied Fc 59-3036122 Not Applied			oplied For ot Applicable	
Zip		Country	Zip	Co	ountry		5. Certificate	of Status Desire	id 🗀	\$8.75 Add Fee Require	
<u> </u>	6. Name	and Address of Curren	t Registered Agent	· · · · · · · · · · · · · · · · · · ·	 		7. Name and	Address of Ne	w Registered	Agent	
GARCIA, LORENZO M.D. 8242 JOSE CIRCLE WEST JACKSONVILLE, FL 32217					Street A	ddress (A, BETTY P.O. Box Numbe 4 Reedb	r is Not Accept	abie) N.C.		
					City	Jac	ksonvil	1e	FL	Zip Cod	32246
	named entity tions of registe	submits this statement fered agent.	or the purpose of cha	nging its registe	ered office or	r register	ed agent, or bot	h, in the State o	f Fiorida. I am	familiar with,	and accept
SIGNATURE.											
	Signature, typed to	or printed name of registered ager	t and title II applicable.	(NOTE: Register	red Agent signat	ure required	when reinstating)		DATE	-	
	Filing Fee	or printed name of registered ager is \$61.25 ay 1, 2006	9. Ele	(NOTE: Register ctlon Campaign st Fund Contribu	Financing	unt required	when reinstating) \$5.00 May B Added to Fees		DATE Make check Torida Depar		
10.	Filing Fee	e is \$61.25	9. Ele Tru	ction Campaign st Fund Contribu	Financing ution.		\$5.00 May B Added to Fees	F	Make checi Iorida Depar	tment of St	tate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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