


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90410 025 ****70.00

DOCUMENT # 744602 1. Entity Name PHILIPPINE MEDICAL SOCIETY OF FLORIDA, INCORPORATED EAST COAST CHAPTER					
Principal Place of Business 2294 Mayport Rd. Atlantic Beach, FL 32233			Mailing Address Bienvenido Samera, M.D. P.O. Box 846 Branford, FL 32008		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3036122	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GARCIA, LORENZO M.D. 8242 JOSE CIRCLE WEST JACKSONVILLE, FL 32217			7. Name and Address of New Registered Agent Name MINA, BETTY M.D. Street Address (P.O. Box Number is Not Acceptable) 4654 Reedbark Lane City Jacksonville FL Zip Code 32246		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOE, ANTOINETTE 2549 COUNTRY CLUB BLVD ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Bunyi, Patrick M.D. 1998 River Bluff Rd.N. Jacksonville, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MINA, BETTY M 4654 REEDBARK LANE ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Macam, Ester M.D. 2583 River Enclave Dr. Jacksonville, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUD ONG, CARMENCITA 3521 POINT PLEASANT RD JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mina, Betty M.D. 4654 Reedbark Lane Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, LORENZO 8242 JOSEE CIRCLE WEST JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mina, Betty M.D. 4654 Reedbark Lane Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, LORENZO 8242 JOSEE CIRCLE WEST JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mina, Betty M.D. 4654 Reedbark Lane Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, LORENZO 8242 JOSEE CIRCLE WEST JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mina, Betty M.D. 4654 Reedbark Lane Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, LORENZO 8242 JOSEE CIRCLE WEST JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mina, Betty M.D. 4654 Reedbark Lane Jacksonville, FL 32246
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: <u>Betty M. Mina</u> 4/26/06 904 241-3222 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Betty M Mina, MD					