

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/2

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 US**

Mailing Address
**BIENVENIDO SAMERA MD
POB 846
BRANFORD, FL 32008 US**

07 MAY 16 3:12:45
TALLAHASSEE, FLORIDA



05042007 No Chg-NP CR2E037 (4/06)

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

**MINA, BETTY M.D.
4654 REEDBARK LN
JACKSONVILLE, FL 32246**

**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 the taxpayer (NOTE: Registered Agent signature required when changing agent)

**Filing Fee is \$61.25
Due by September 14, 2007**

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 BUNYI, PATRICK MD 1998 RIVER BLUFF RD N JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY ST ZIP	SD MACAM, ESTER MD 2583 RIVER ENCLAVE DR JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY ST ZIP	AUD ONG, CARMENCITA 3521 POINT PLEASANT RD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY ST ZIP	PD MINA, BETTY M.D. 4654 REEDBARK LN JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

5/24/06 9009 048-
\$70.00

Overpayment of 2006
A/E. **DO NOT WRITE
IN THIS SPACE**

[Signature]
5/16

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: *[Signature]*
Betty Mina, MD President

May 4, 2007 904 241-3222

2/2

May 4, 2007

MEMORANDUM:

TO: DIVISION OF CORPORATIONS
ATTN: MICHELLE MILLIGAN
PO BOX 6327
TALLAHASSEE FL 32314

FROM: PHILIPPINE MEDICAL SOCIETY OF FLORIDA,
INCORPORATED EAST COAST CHAPTER
DOC #744602

SUBJECT: Apply overpayment on 2006 to 2007 Annual Report

Per our CPA's conversation with you this afternoon, this memo is a request to apply last year's overpayment of \$70.00 to this year's annual report fee.

Enclosed is our 2007 not-for-profit corporation annual report duly signed and dated by me, Betty M Mina, MD, as president and registered agent.

Thank you for your kind attention to this matter.

Betty M. Mina MD