

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

03-28-2008 90039 009 ****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 US			Mailing Address BIENVENIDO SAMERA MD POB 846 BRANFORD FL 32008 US		
2. Principal Place of Business - No P.O. Box # State, 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 ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MINA, BETTY M.D. 4654 REEDBARK LN JACKSONVILLE FL 32246				7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature typed or printed name of registered agent and date of signature. (NOTE: Registered agent signature is required when re-registering)					
FILE NOW: FEE IS \$81.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐		\$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 BUNYI, PATRICK MD 1998 RIVER BLUFF RD N JACKSONVILLE FL 32211		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENJAMIN MALALANG, M.D. 5685 Grand Cayman Road Jacksonville, FL 32226		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUD CARLOS OTEYZA, M.D. 8226 Chester Lake Jacksonville, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BIENVENIDO M. SAMERA, M.D. P.O. Box 846 Branford, FL 32008		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 					