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

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SECRETARY OF STATE

DOCUMENT # 744602

1. Entity Name

PHILIPPINE MEDICAL SOCIETY OF FLORIDA, INCORPORATED EAST COAST CHAPTER

1st MOORE CR2E037 (10/07)

Principal Place of Business	Mailing Address
6817 SOUTHPOINT PKWY STE 1604 JACKSONVILLE FLORIDA 32216	Same as service address

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	6817 SOUTHPOINT PKWY STE 1604
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1604
City & State	City & State JACKSONVILLE, FL 32008
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
~~BIENVENIDO SAMERA, M.D.~~ ~~BETTY MINA, M.D.~~ ~~P.O. BOX 846 / 303 SUWANNEE AVE.~~ 4654 REEDBARK LANE ~~BRANFORD, FL 32008~~ JACKSONVILLE fl 32246	Name: BIENVENIDO SAMERA,M.D. Street Address (P.O. Box Number is Not Acceptable): 303 SUWANNEE AVE./P.O.BOX 846 City: BRANFORD FL Zip Code: 32008

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: BIENVENIDO SAMERA, M.D. 4/21/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 IF NOW 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT BUNYI, PATRICK M.D. 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AUDITOR OTEYZA, CARLOS, M.D. 8226 CHESTER LAKE JACKSONVILLE FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MINA, BETTY M.D. 4654 REEDBARK LN JACKSONVILLE FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT BIENVENIDO SAMERA, M.D. 303 SUWANNEE AVE/P.O.BOX 846 ~~BRANFORD FL 32008~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8/5/27	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER AMOR RUMBAUA, M.D. 852 Sherbrook Lane ~~Jacksonville, Fl 32221~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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: BIENVENIDO SAMERA, M.D. 4/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #