

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744602

FILED
Apr 03, 2009
Secretary of State

Entity Name: PHILIPPINE MEDICAL SOCIETY OF FLORIDA, INCORPORATED EAST COAST CHAPTER

Current Principal Place of Business:

6817 SOUTHPOINT PKWY
STE 1604
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

6817 SOUTHPOINT PKWY
STE 1604
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-3036122 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAMERA, BIENVENIDO M.D.
303 SUWANNEE AVE.
BRANFORD, FL 32008 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BUNYI, PATRICK MD
Address: 1998 RIVER BLUFF RD N
City-St-Zip: JACKSONVILLE, FL 32211

Title: S () Delete
Name: MACAM, ESTER MD
Address: 2583 RIVER ENCLAVE DR
City-St-Zip: JACKSONVILLE, FL 32226

Title: AUD () Delete
Name: OTEYZA, CARLOS MD
Address: 8226 CHESTER LAKE
City-St-Zip: JACKSONVILLE, FL 32256

Title: P () Delete
Name: SAMERA, BIENVENIDO M.D.
Address: 303 SUWANNEE AVE
City-St-Zip: JACKSONVILLE, FL 32008

Title: T () Delete
Name: RUMBAUA, AMOR MD
Address: 852 SHERBROOK LANE
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BIENVENIDO M SAMERA

DR.

04/03/2009

Electronic Signature of Signing Officer or Director

Date