FILED
Jun 17, 2003 8:00 am
Secretary of State
04-21-2003 90424 003 ****61.25

55048772

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744602

1. Entity Name

PHILIPPINE MEDICAL SOCIETY OF FLORIDA, INCORPORATED EAST COAST CHAPTER

Principal Place of Business	Mailing Address
225 W. ASHLEY AVE JACKSONVILLE FL 32202 US	225 W. ASHLEY AVE JACKSONVILLE FL 32202 US

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8242 JOSE CIRCLE WEST	8242 JOSE CIRCLE WEST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32217 Country: USA	Zip: 32217 Country: USA

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
PAPA-PATANGA, NORMITA 225 W. ASHLEY AVE JACKSONVILLE FL 32202	Name: LORENZO GARCIA M.D. Street Address (P.O. Box Number is Not Acceptable): 8242 JOSE CIRCLE WEST City: JACKSONVILLE FL Zip Code: 32217

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: Lorenzo Garcia M.D. LORENZO GARCIA M.D. 6/17/03
(Signature of Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 ONG, FRANCIS 580 WEST 6TH ST., STE 713. JACKSONVILLE FL 32209	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MACAM, ESTHER 717 BALMORAL LANE ORANGE PARK FL 32073	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KOE, ANTONIETTE 1543 KINGSLEY AVE ORANGE PARK FL 32073	☒ Delete	TD FERRER, ASTERIA A. 3538 E. COMPASS ROSE DR. JACKSONVILLE, FL. 32216	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AUD SAMERA, BENJAMIN PO BOX 848 BRANFORD FL 32008	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PAPA-PATANGAN, NORMITA 4618 NORWOOD AVE JACKSONVILLE FL 32208	☒ Delete	PD LORENZO GARCIA 8242 JOSE CIRCLE WEST JACKSONVILLE, FL. 32217	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED M.D. 4/24/03 (904)733-1360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lorenzo Garcia M.D. 6/30/03

Attachment 550487772 [redacted]
#744602

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 26, 2003

PHILIPPINE MEDICAL SOCIETY OF FLORIDA, INCORPORATED EAS
8242 JOSE CIRCLE WEST
JACKSONVILLE, FL 32217 US

Subject: **PHILIPPINE MEDICAL SOCIETY OF FLORIDA, INCORPORATED**

Reference Number: **744602**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/TB
ANNUAL REPORTS SECTION

Note: Returning application for filing.
Thank you for your consideration.