

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005653

FILED
Apr 19, 2008
Secretary of State

Entity Name: PHILIPPINE MEDICAL SOCIETY OF FLORIDA, INC., GULF COAST CHAPTER

Current Principal Place of Business:

555 RANCH ROAD
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

555 RANCH ROAD
TARPON SPRINGS,, FL 34688

New Mailing Address:

FEI Number: 65-1253195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUA, WILLIAM L DR.
555 RANCH ROAD
TARPON SPRINGS, FL 34688 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: D () Delete
Name: DY, RODOLFO MD
Address: 14100 FIVAY RD., STE. 130
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: CABIGAS, VIRGILIO MD
Address: 1500 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: NUNAG, CLEMENTE MD
Address: 1312 LORI DR.
City-St-Zip: SPRINGHILL, FL 34606

Title: D () Delete
Name: CUA, RICA MD
Address: 555 RANCH RD.
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: DOMPOR, FATIMA MD
Address: 205 W. MLK BLVD.
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: BATAS, VENERANDO MD
Address: 2914 N. BLVD.
City-St-Zip: TAMPA, FL 33602

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
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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: WILLIAM L. CUA

MD

04/19/2008

Electronic Signature of Signing Officer or Director

Date