

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005653

FILED
Mar 25, 2009
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:

10222 YALE AVE.
BROOKSVILLE, FL 34613

Current Mailing Address:

555 RANCH ROAD
TARPON SPRINGS,, FL 34688

New Mailing Address:

10222 YALE AVE.
BROOKSVILLE, FL 34613

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:

NUNAG, CLEMENTE DR.
10222 YALE AVE.
BROOKSVILLE, FL 34613 US

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: CLEMENTE NUNAG , M.D.

03/25/2009

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 LAKE LAND HILLS BLVD.
City-St-Zip: LAKE LAND, 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: D (X) Change () Addition
Name: NUNAG, CLEMENTE MD
Address: 10222 YALE AVE.
City-St-Zip: BROOKSVILLE, FL 34613

Title: D (X) Change () Addition
Name: BAYANI, ANTONIO MD
Address: 14650 VILLAGE GLEN CR.
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change () Addition
Name: MARQUEZ, BEN MD
Address: 6113 WILD ORCHID DR.
City-St-Zip: LITHIA, FL 33547

Title: D (X) Change () Addition
Name: ESPIRITU, LEON MD
Address: 901 ST. ANNES CT.
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D (X) Change () Addition
Name: AQUI, PRUDENCIO MD
Address: 15427 KINGSMONT DR.
City-St-Zip: LAKE LAND, FL 33813

Title: D (X) Change () Addition
Name: MENDOZA, QUERUBIN MD
Address: 13905 CAPTAIN REEF CT.
City-St-Zip: TAMPA, FL 33624

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: LEON ESPIRITU , M.D.

D

03/25/2009

Electronic Signature of Signing Officer or Director

Date