2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N07000007417

Entity Name: PHILIPPINE-AMERICAN PHYSICIANS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

360 WILSHIRE BLVD.
SUITE 121
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

360 WILSHIRE BLVD.
SUITE 121
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 26-0605478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A.I.M. LAW GROUP, P.A.
360 WILSHIRE BLVD.
SUITE 121
CASSELBERRY, FL 32707 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:	DIR.	( ) Delete
Name:	FILART, ESDRAS M.D.	
Address:	1870 SAHA COURT	
City-St-Zip:	KISSIMMEE, FL 34744 US	
Title:	DIR.	( ) Delete
Name:	LIM, CARLO M.D.	
Address:	10348 POINTVIEW COURT	
City-St-Zip:	ORLANDO, FL 32836 US	
Title:	DIR.	( ) Delete
Name:	GONZALES, PILAR M.D.	
Address:	14513 VELLUX DRIVE	
City-St-Zip:	ORLANDO, FL 32837 US	
Title:	P	( ) Delete
Name:	DATOR, ROMUALDO M.D.	
Address:	249 STRATHMORE CIRCLE	
City-St-Zip:	KISSIMMEE, FL 34744 US	
Title:	T	( ) Delete
Name:	RICH, ROSELA M.D.	
Address:	9512 CASTLEFORD POINT	
City-St-Zip:	ORLANDO, FL 32636 US	
Title:	S	( ) Delete
Name:	LOURDES BURGOS, MARIA M.D.	
Address:	1701 EDGEWATER DRIVE	
City-St-Zip:	MOUNT DORA, FL 32757 US	

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:	
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: CARLO LIM, MD DIR 04/30/2008

Electronic Signature of Signing Officer or Director — Date