2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007417

FILED Mar 10, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

9512 CASTLEFORD POINT 5749 NORMAN H CUTSON DR XXXXX ORLANDO, FL 32821 US

ORLANDO, FL 32836 US

Current Mailing Address: New Mailing Address:

9512 CASTLEFORD POINT 5749 NORMAN H CUTSON DR XXXXX ORLANDO, FL 32836 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RICH, ROSELA J MD 9512 CASTLEFORD POINT XXXXX ORLANDO, FL 32836 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: RICH, ROSELA J M.D.
Address: 9512 CASTLEFORD POINT
City-St-Zip: ORLANDO, FL 32836 US

Title: ELEC

Name: FLORES, DIONISIO C MD Address: 2701 RED BAY COURT City-St-Zip: KISSIMMEE, FL 34744 US

Title: SEC

Name: TAN, JOSEFINA R M.D.
Address: 1125 NORTH CENTRAL AVE
City-St-Zip: KISSIMMEE, FL 34741 US

Title: SEC

Name: FLORIDA, VICENTE C M.D.
Address: 3183 FINTERWALD DRIVE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: TREA

Name: TEMPLONUEVO, RAUL M M.D.
Address: 5749 NORMAN H. CUTSON DRIVE

City-St-Zip: ORLANDO, FL 32821 US

I hereby 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 all other like empowered.

SIGNATURE: RAUL TEMPLONUEVO TREA 03/10/2011