2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007417

FILED Feb 23, 2012 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 DRIVE ORLANDO, FL 32836 US ORLANDO, FL 32821 US

ONE/1100, 1 E 02000 00 ONE/1100, 1 E 02021 00

Current Mailing Address: New Mailing Address:

9512 CASTLEFORD POINT 5749 NORMAN H CUTSON DRIVE ORLANDO, FL 32836 US ORLANDO, FL 32821 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

ORLANDO, FL 32836 US

TEMPLONUEVO, RAUL M MD

5749 NORMAN H CUTSON DRIVE

ORLANDO, FL 32821 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: RAUL TEMPLONUEVO 02/23/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: FLORES, DIONISIO M.D.
Address: 2701 RED BAY COURT
City-St-Zip: KISSIMMEE, FL 34744 US

Title: TRES

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

City-St-Zip: ORLANDO, FL 32821

Title: SEC

Name: QUINAIN, REGINA M.D.
Address: 2512 DOVER GLEN CIRCLE
City-St-Zip: ORLANDO, FL 32828

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 M TEMPLONUEVO TREA 02/23/2012