2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State
07-29-2004 90013 029 ****61.25

DOCUMENT # N24330

1. Entity Name

ASSOCIATION OF PHILIPPINE PHYSICIANS OF FLORIDA PANHANDLE INC.

Principal Place of Business	Mailing Address
3150 HYDE PARK PLACE PENSACOLA FL 32503 US	3150 HYDE PARK PLACE PENSACOLA FL 32503 US

MOORE CR2E037 (4/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2877113 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SINGH, NIRMAL B MD
2120 W. JOHNSON AVE
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name: JENNIFER ZIMMERMAN, MD
Street Address (P.O. Box Number is Not Acceptable): 5962 BERRYHILL ROAD
MILTON, FL. 32570
City: FL Zip Code:

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: JENNIFER ZIMMERMAN, MD President 07-27-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SINGH, NIRMAL B MD 2120 W. JOHNSON AVE PENSACOLA FL 32514	☒ Delete	PRESIDENT JENNIFER ZIMMERMAN, MD 5962 BERRYHILL ROAD MILTON, FL. 32570	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MANCAO, MIGUEL JR MD 8648 ROSEMONT DR PENSACOLA FL 32514	☒ Delete	VICE-PRESIDENT VIRGILIO BARANGAN, MD 5800 North Davis Highway Pensacola, FL. 32503	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VILLANUBVA, LEOPOLDO D MD 3150 HYDE PARK PL PENSACOLA FL 32503	☐ Delete	TREASURER LEOPOLDO VILLANUEVA, M.D. 3150 Hyde PARK Place PENSACOLA, FL. 32503	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YU, ALBERT MD 3905 CHILLE RD PENSACOLA FL 32526	☒ Delete	DIRECTOR George JERUSALEM, MD 3229 COUNTRY club DRIVE LYNN HAVEN, FL 32444	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONGKE, TEODORO MD 5177 SOUNDSIDE DR GULF BREEZE FL 32561	☒ Delete	DIRECTOR MINERVA HERNANDEZ, M.D. 3053 CARLOW CIRCLE Tallahassee, FL. 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LLANERA, CESAR JR MD 4300 BAYOU BLVD, STE 8 PENSACOLA FL 32503	☒ Delete	DIRECTOR DEWEY TORRES, M.D. 4800 N. NINTH AVENUE PENSACOLA, FL. 32503	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEOPOLDO D. VILLANUEVA, MD TREASURER 07/27/04 (850) 4700878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #