

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90029 032 ****61.25

DOCUMENT # N24330

1. Entity Name

**ASSOCIATION OF PHILIPPINE PHYSICIANS OF
FLORIDA PANHANDLE INC.**



Principal Place of Business

3150 HYDE PARK PLACE
PENSACOLA FL 32503
US

Mailing Address

3150 HYDE PARK PLACE
PENSACOLA FL 32503
US

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

7. Name and Address of New Registered Agent

MANCAO, JR., MIGUEL M.D.
8648 ROSEMONT DRIVE
PENSACOLA FL 32514

Name **BARANGAN, Virgilio, M.D.**

Street Address (P.O. Box Number is Not Acceptable)

5800 North Davis Highway

City

PENSACOLA

FL

Zip Code

32503

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

BARANGAN, MD Virgilio

PRESIDENT

01-19-06

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 May 1, 2006

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MANCAO, JR., MIGUEL M.D.	
STREET ADDRESS	8648 ROSEMONT DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	

TITLE	PE	<input checked="" type="checkbox"/> Delete
NAME	BARANGAN, MD., VIRGIOLO	
STREET ADDRESS	5800 NORTH DAVIS HIGHWAY	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE	T	<input type="checkbox"/> Delete
NAME	VILLANUBVA, LEOPOLDO D MD	
STREET ADDRESS	3150 HYDE PARK PL	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLAROMAN, MARIANO M.D	
STREET ADDRESS	1295 WEST FAIRFIELD DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32501	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, ROGER M.D.	
STREET ADDRESS	300 BREMEN AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32506	

TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, JOSE M.D.	
STREET ADDRESS	3053 CARLOW CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARANGAN, MD, Virgilio	
STREET ADDRESS	5800 NORTH DAVIS Highway	
CITY-ST-ZIP	PENSACOLA, FL 32503	

TITLE	PRESIDENT-ELECT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR, JR., LEONARDO MD	
STREET ADDRESS	3102 COBBLESTONE DRIVE	
CITY-ST-ZIP	PAGE, FL 32571	

TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLANUEVA, LEOPOLDO MD	
STREET ADDRESS	3150 HYDE PARK PLACE	
CITY-ST-ZIP	PENSACOLA, FL 32503	

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABENDAN, MANUEL MD	
STREET ADDRESS	4944 Highway 90	
CITY-ST-ZIP	PAGE, Florida 32571	

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLANERA, Cesar MD	
STREET ADDRESS	4300 BAYOU BLVD #9	
CITY-ST-ZIP	PENSACOLA, FL 32503	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, JOSE MD	
STREET ADDRESS	3053 CARLOW CIRCLE	
CITY-ST-ZIP	Tallahassee, FL 32308	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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. VILLANUBVA, MD

TREASURER

01-19-06

(850) 470-0878