2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State
01-26-2007 90039 039 ****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

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	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

BARANGAN, VIRGILIO MP
5880 N DAVIS HWY
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name MARTINEZ, Rogelio M.D

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

300 BREMEN AVENUE

City PENSACOLA **FL** Zip Code 32506

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 MARTINEZ, ROGELIO MD PRESIDENT
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 01-22-07

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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 BARANGAN, VIRGILIO MD 5800 N DAVIS HWY PENSACOLA FL 32503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT MARTINEZ, Rogelio M.D 300 BREMEN AVENUE PENSACOLA, FL. 32506	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PE SALAZAR, LEONARDO JR,MD 3102 COBBLESTONE DR PACE FL 32571	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT-ELECT TORRES, DEWEY M.D. 4800 N. 9TH AVENUE 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	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TREASURER VILLANUEVA, LEOPOLDO MD 3150 HYDE PARK PLACE PENSACOLA, FL. 32503	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ABONDAH, MANUEL MD 4944 HWY 90 PACE FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DIRECTOR ABENDAN, MANUEL, MD 4944 Highway 90 PACE, FL. 32571	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LLANBRA, CESAR MD 4300 BAYOU BLVD #9 PENSACOLA FL 32503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DIRECTOR GAJO, MARIA ELEN, MD 348 MIRACLE STRIP PKWY FORT WALTON Beach, FL 32548	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D HERNANDEZ, JOSE M.D. 3053 CARLOM CIRCLE TALLAHASSEE FL 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DIRECTOR HERNANDEZ, MINERVA, M.D 3053 carlom circle Tallahassee, FL. 32308	☒ Change ☐ Addition

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 reports 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, M.D. TREASURER 01-22-07 (850) 470-0878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #