2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90020 010 ****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 (10/07)

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	7. Name and Address of New Registered Agent
MARTINEZ, ROGELIO 300 BREMAN AVE. PENSACOLA FL 32506	Name TORRES, DEWEY Street Address (P.O. Box Number is Not Acceptable) 4800 N. 9th AVENUE 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 TORRES, Dewey MD PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 02-18-08

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 MARTINEZ, ROGELIO 300 BREMAN AVE. PENSACOLA FL 32506	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT TORRES, DEWEY 4800 N. 9th Avenue Pensacola, FL. 32503	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE TORRES, DEWEY 4800 N 9TH AVE. PENSACOLA FL 32503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President - Elect Jose Montes 1000 Black Walnut Trail Pensacola, FL. 32514	☒ 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 VILLANUBVA, LEOPOLDO 3150 Hyde Parks PL. 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 Calaycay, Regulo 3949 MENENDEZ Drive Pensacola, FL. 32503	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAJO, MARIA ELEN 348 MIRACLE STRIP PKWY FORT WALTON BEACH FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GAJO, Maria ELEN 348 Miracle Strip Parkway Fort Walton Beach, FL. 32548	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, MINERVA 3053 CARLOM CIRCLE TALLAHASSEE FL 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR HERNANDEZ, JOSE 3053 CARLOW 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 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: L. LEOPOLDO D. VILLANUBUA Treasurer 02-18-08 (850) 470-0878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #