

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24330

FILED  
Jan 05, 2009  
Secretary of State

**Entity Name:** ASSOCIATION OF PHILIPPINE PHYSICIANS OF FLORIDA PANHANDLE INC.

**Current Principal Place of Business:**

3150 HYDE PARK PLACE  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

**Current Mailing Address:**

3150 HYDE PARK PLACE  
PENSACOLA, FL 32503 US

**New Mailing Address:**

**FEI Number:** 59-2877113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TORRES, DEWEY  
4800 N 9TH AVENUE  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TORRES, DEWEY  
Address: 4800 N 9TH AVENUE  
City-St-Zip: PENSACOLA, FL 32503

Title: PE ( ) Delete  
Name: MONTES, JOSE  
Address: 1000 BLACK WALNUT TRAIL  
City-St-Zip: PENSACOLA, FL 32514

Title: T ( ) Delete  
Name: VILLANUBVA, LEOPOLDO D MD  
Address: 3150 HYDE PARK PL  
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete  
Name: CALAYCAY, RAGULO  
Address: 3949 MANENDEZ DRIVE  
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete  
Name: GAJO, MARIA ELEN  
Address: 348 MIRACLE STRIP PKWY  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: HERNANDEZ, JOSE  
Address: 3053 CARLOM CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: L.D. VILLANUEVA

M.D.

01/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date