

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90310 047 ****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**

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROSA, CARMAN D MD
4929 MOBILE HIGHWAY
PENSACOLA FL 32561**

7. Name and Address of New Registered Agent

Name **NIRMAL B. SINGH, M.D.**

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

2120 W. JOHNSON AVENUE

City **PENSACOLA**

FL

Zip Code
32514

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 **NIRMAL B. SINGH, M.D.**

PRESIDENT

01-28-03

FILE NOW: FEE IS \$61.25

**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	DE LA ROSA, CARMEN	
STREET ADDRESS	4929 MOBILE HIGHWAY	
CITY-ST-ZIP	PENSACOLA FL 32561	
TITLE	PE	<input checked="" type="checkbox"/> Delete
NAME	VILLANUEVA, LEOPOLDO D	
STREET ADDRESS	3150 HYDE PARK PLACE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	QUIJANO, DELANO	
STREET ADDRESS	8502 PUNTA LORA	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAANO RIO, RITA	
STREET ADDRESS	3009 MARCUS POINTE BLVD	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VILLAROMAN, NARIAMO P	
STREET ADDRESS	4841 LONGLEAF DR	
CITY-ST-ZIP	MILTON FL 32571	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANCAO, MIGUEL	
STREET ADDRESS	8648 ROSEMONT DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIRMAL B. SINGH, M.D.	
STREET ADDRESS	2120 W. JOHNSON AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miguel Mancao Jr. M.D.	
STREET ADDRESS	8648 Rosemont Drive	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEOPOLDO D. VILLANUEVA, M.D.	
STREET ADDRESS	3150 Hyde Park Place	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT YU, M.D.	
STREET ADDRESS	7905 Chilla Road	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEODORO JONGKO, M.D.	
STREET ADDRESS	5177 Soundside Drive	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CESAR LLANERA, Jr., M.D.	
STREET ADDRESS	4300 Boyon Blvd Ste 9	
CITY-ST-ZIP	PENSACOLA, FL 32503	

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

(850) 470-0878

CR2E037 (10/02)