

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N47434 (8)**

1. Corporation Name  
**PHILIPPINE MEDICAL SOCIETY OF FLORIDA, TREASURE COAST, INC.**



Principal Place of Business Mailing Address  
**777 - 37TH ST. STE. B-107 VERO BEACH FL 32960 US**

3. Date Incorporated or Qualified **02/18/1992** 3a. Date of Last Report **02/01/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **1801 SO. 23RD ST** 26 **1801 SO. 23RD ST**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **2** 27 **2**  
City & State City & State  
23 **PORT PIERCE FL** 28 **PORT PIERCE, FL**  
Zip Country Zip Country  
24 **34950** 25 **ST. LUCIE** 29 **34950** 30 **ST. LUCIE**

4. FEI Number **65-0369233** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MENDOZA, ROLANDO A M.D.  
777 - 37TH ST  
STE. B-107  
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent  
81 Name **MARIA BENEMERITU**  
82 Street Address (P.O. Box Number is Not Acceptable) **1801 SO. 23RD ST. Suite 2**  
83 City **FT. PIERCE FL** 85 Zip Code **34950**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **M. D.** DATE **4/25/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	MENDOZA, ROLANDO A	1.2 NAME
STREET ADDRESS	777 - 37TH ST., B-107	1.3 STREET ADDRESS
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	GARCIA, TRINIDAD	2.2 NAME
STREET ADDRESS	2100 NEBRASKA AVE., #101	2.3 STREET ADDRESS
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	FLORES, GERARD	3.2 NAME
STREET ADDRESS	1801 S. 23RD ST., #2	3.3 STREET ADDRESS
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALFREDO GONZALES
1.3 STREET ADDRESS	1124 SANDIA DR.
1.4 CITY-ST-ZIP	PORT ST. LUCIE FL
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOMINADOR MARANON
2.3 STREET ADDRESS	4995 S. LUCIE
2.4 CITY-ST-ZIP	FT PIERCE FL
3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARIA BENEMERITU
3.3 STREET ADDRESS	1801 S. 23RD ST #2
3.4 CITY-ST-ZIP	FT PIERCE
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **ALFREDO GONZALES** DATE **3-28-96**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)