

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90091 028 ****70.00

DOCUMENT # N47434

1. Entity Name

PHILIPPINE MEDICAL SOCIETY OF FLORIDA, TREASURE

Principal Place of Business

Mailing Address

1801 S 23RD ST
 STE 2
 FT PIERCE FL 34950
 US

1801 S 23RD ST
 STE 2
 FT PIERCE FL 34950-4830
 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

65-0369233

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENEMERLTO, MARIA
1801 S 23RD ST
STE 2
FT PIERCE FL 34950

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARANON, DOMINADOR	
STREET ADDRESS	4995 S US ONE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BENEMERITO, MARIA	
STREET ADDRESS	1801 S 23RD ST, STE 2	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAROYA, PRUDENCIO	
STREET ADDRESS	1801 S 23RD ST, STE 3	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MANUEL, M.D.	
STREET ADDRESS	306 N.E. 19th DR	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDANA, PETER	
STREET ADDRESS	2100 NEBRASKA AVE.	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00 501-465-1170
 Date Daytime Phone #

CR2E037 (9/99)