

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91762 001 ****61.25
 05-18-2001 91762 002 *****8.75

DOCUMENT # N47434

1. Entity Name

PHILIPPINE MEDICAL SOCIETY OF FLORIDA, TREASURE

Principal Place of Business

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

Mailing Address

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

73229



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0369233

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

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 | GARCIA, MANUEL | |
| STREET ADDRESS | 306 N 19TH DR | |
| CITY-ST-ZIP | OKEECHOBEE FL 34972 | |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

Benemerito, Maria S. Pene-Merlto, M.D.
 BENEMERITO, MARIA S. PENE-MERLTO, M.D.

5/8/01 561-465-1170

CR2E037 (10/00)