

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

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91741 042 \*\*\*\*61.25

DOCUMENT # **N47434**

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

**DO NOT WRITE IN THIS SPACE**

**40823**

2. Principal Place of Business  
**1801 S. 23<sup>RD</sup> ST.**

3. Mailing Address  
**7307 ELYSE CIR.**

Suite, Apt. #, etc.  
**SUITE 2**

Suite, Apt. #, etc.  
**PORT ST. LUCIE**

DO NOT WRITE IN THIS SPACE

City & State  
**FORT PIERCE, FL. 34950**

City & State  
**FL.**

4. FEI Number  
**65-0369233**

Applied For  
Not Applicable

Zip  
**34950**

Country  
**U.S.**

Zip  
**34952**

Country  
**U.S.**

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

7. Name and Address of Current Registered Agent:

**DO NOT WRITE  
IN THIS SPACE**

Name **BENEMERITO, MARIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**7307 ELYSE CIRCLE**  
**#**  
City **PORT ST. LUCIE FL** Zip Code **34952**

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

**FEE IS \$81.25  
Initial or Amended UBR**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ALCALDE, RENE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER BENEMERITO, MARIA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE - PRESIDENT ALDANA, PETER</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CYNTHIA CRAWFORD, 1820 43<sup>RD</sup> AVE. STE. MID. VERO BEACH, FL. 32960</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARIA TORRES, MID. 1215 S. 25<sup>TH</sup> ST. FORT PIERCE, FL. 34947</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TRINIDAD GARCIA, MID 306 N.E. 19<sup>TH</sup> DRIVE OKEECHOBEE, FL. 34974</b>

**DO NOT WRITE  
IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowerments.

SIGNATURE: **MARIA S. BENEMERITO, MID.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-15-02**  
Date

**772-461-3866**  
Daytime Phone #

Attachment

~~██████████~~ 40823 JULY 16, 2002

#N47434

RE: CORRECTION of previously-filed  
UBR

NOTE: I ~~APLOGIZE~~ APOLOGIZE for the delay  
because I was out of town.

Maria S. Benemerito, and  
Treasurer

P.S.

PLEASE NOTE ADDRESS CHANGE AND  
~~SEND ALL COMMUNICATIONS TO:~~

7307 ELYSE CIRCLE  
PORT ST. LUCIE, FL. 34952

INSTEAD OF:

1801 S. 23<sup>rd</sup> ST. SUITE 2  
FORT PIERCE, FL. 34950

Attachment

██████████ 40823

#W47434

PHILIPPINE MEDICAL SOCIETY OF FLORIDA

TREASURE COAST, INC.

PRESIDENT: RENATO ALCALDE, M.D.  
1860 N. LAWNWOOD CIRCLE  
FORT PIERCE, FL. 34950

VICE-PRESIDENT: PETER ALDANA, M.D.  
2401 FRIST BLVD. #9  
FORT PIERCE, FL. 34950

TREASURER: MARIA S. BENEMERITO, M.D.  
7307 ELYSE CIRCLE  
PORT ST. LUCIE, FL. 34952



Attachment



40823

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 4, 2002

PHILIPPINE MEDICAL SOCIETY OF FLORIDA, TREASURE COAST,  
7307 ELYSE CIR  
PORT SAINT LUCIE, FL 34952 US

Subject: PHILIPPINE MEDICAL SOCIETY OF FLORIDA, TREASURE COAST,

Reference Number: N47434

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

List the street address of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/TM  
ANNUAL REPORTS SECTION

Attachment

40823

# N47434

August 1, 2002

Re: Philippine Medical Society of Florida, Treasure Coast  
Ref. # N47434

Dear SIR / Madam:

Enclosed is the list of officers and directors with the business address of each, as you had requested.

We hope that this will complete the requirements for filing of our annual report/uniform business report.

Sincerely yours,

Maria P. Benemerito,  
M.D.

Attachment

40823

~~#N/4434~~

PHILIPPINE MEDICAL SOCIETY OF FLORIDA TREASURE COAST,  
INC.

CORRECTED LIST OF OFFICERS & DIRECTORS:

PRESIDENT: RENATO ALCALDE, M.D.  
1860 N. LAWNWOOD CIRCLE  
FORT PIERCE, FL. 34950

VICE-PRESIDENT: PETER ALDANA, M.D.  
2401 FRIST BLVD. #9  
FORT PIERCE, FL. 34950

TREASURER: MARIA S. BENE MERITO, M.D.  
7307 ELYSE CIRCLE  
PORT ST. LUCIE, FL. 34952

- DIRECTORS:
1. CYNTHIA CRAWFORD, M.D.  
1820 43<sup>RD</sup> AVE, SUITE 1  
VERO BEACH, FL. 32960
  2. MARIA TORRES, M.D.  
1215 S. 25<sup>TH</sup> ST.  
FORT PIERCE, FL. 34947
  3. TRINIDAD GARCIA, M.D.  
306 N.E. 19<sup>TH</sup> DRIVE  
OKEECHOBEE, FL. 34974