

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N47434

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



Principal Place of Business
1801 S 23RD ST
STE 2
FT PIERCE, FL 34950 US

Mailing Address
7307 ELYSE CIRCLE
PORT SAINT LUCIE, FL 34952 US



04112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

BENEMERITO, MARIA
7307 ELYSE CIRCLE
PORT SAINT LUCIE, FL 34952

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ESPIRITU, MIGUEL MD
STREET ADDRESS	304 NE 19TH DR
CITY-STATE-ZIP	OKEECHOBEE, FL 34972
TITLE	VPD
NAME	RAZIMAN, SAMERAH MD
STREET ADDRESS	1801 S 23RD ST #2
CITY-STATE-ZIP	FORT PIERCE, FL 34950
TITLE	TD
NAME	BENEMERITO, MARIA S MD
STREET ADDRESS	7307 ELYSE CIRCLE
CITY-STATE-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	S
NAME	QUIAMBRO, FELICINITA MD
STREET ADDRESS	7334 MARSH TER
CITY-STATE-ZIP	PORT SAINT LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000303112
04/13/05-80098-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Maria S. Benemerito, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA S. BENEMERITO, M.D.

4-11-05 772-461-3866

Date

Daytime Phone #