

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-29-2006 90002 027 ****70.00

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06022006 Chg-NP CR2E037 (4/06)

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0369233	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BENEMERITO, MARIA 7307 ELYSE CIRCLE PORT SAINT LUCIE, FL 34952				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESPIRITU, MIGUEL MD 304 NE 19TH DR OKEECHOBEE, FL 34972	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RAZUMAN, SAMERAH, M.D. 1801 S. 23RD ST. #2 FORT PIERCE, FL. 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAZIMAN, SAMERAH MD 1801 S 23RD ST #2 FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT LAROYA, PRUDENCIO, M.D. 1801 S. 23RD ST. #3 FORT PIERCE, FL. 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENEMERITO, MARIA S MD 7307 ELYSE CIRCLE PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER NO CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUIAMBRO, FELICINITA MD 7334 MARSH TER PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY NO CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>At Benemerito M.D.</i></u> 6-27-06 772-461-3866					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					