

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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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		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 <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BENEMERITO, MARIA 7307 ELYSE CIRCLE PORT SAINT LUCIE, FL 34952			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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPIRITU, MIGUEL MD		NAME	RAZUMAN, SAMERAH, M.D.	
STREET ADDRESS	304 NE 19TH DR		STREET ADDRESS	1801 S. 23 RD ST. #2	
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP	FORT PIERCE, FL. 34950	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAZIMAN, SAMERAH MD		NAME	LARDYA, PRUDENCIO, M.D.	
STREET ADDRESS	1801 S 23RD ST #2		STREET ADDRESS	1801 S. 23 RD ST. #3	
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP	FORT PIERCE, FL. 34950	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEMERITO, MARIA S MD		NAME	NO CHANGE	
STREET ADDRESS	7307 ELYSE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIAMBRO, FELICINITA MD		NAME	NO CHANGE	
STREET ADDRESS	7334 MARSH TER		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Maria S Benemerito, M.D.</u>			Date: <u>6-27-06</u> Daytime Phone #: <u>772-461-3866</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		