## **2006 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

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

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DOCUMENT # N47434  1. Entity Name PHILIPPINE MEDICAL SOCIETY OF FLORIDA, TREASURE COAST, INC.							_	06-29-2006		27 ****7	0.00
Principal Place of Business 1801 S 23RD ST STE 2 FT PIERCE, FL 34950 US			Mailing Address 7307 ELYSE CIF PORT SAINT LUC		952 US	-		003747 ***********************************			RISTINGI DI 1981
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, e		·-	06022006	Chg-NP	CR2	E037 (4/06)	)	
City & Stat	le		City & State				4. FEI Numbe 65-0369	233		<b>⊢</b>	Applied For Not Applicable
Zip		Country	Zip	•	Country		5. Certificate	of Status Desired	a <b>19</b>	\$8.75 A Fee Requi	dditional
	6. Name an	ed Address of Current R	Registered Agent				7. Name and	Address of Nev	v Registered	Agent	
	RITO, MARIA SE CIRCLE				Name Street A	4				11.9***	
	SE CIRCLE INT LUCIE, F	<sup>-</sup> L <b>3495</b> 2			Street	vooress (	P.O. Box Numbe	ris Not Accepta	.ble)		
					City	<u>.</u>			FI	Zip Co	ode
	named settler =									_	
8. The above the obligat	e named entity st itions of registere	ubmits this statement for ad agent.	the purpose of chan	ging its regis	stered office o	r register	ed agent, or boti	n, in the State of	Florida. I an	n familiar witi	h, and accept
8. The above the obligat	tions of registere	ubmits this statement for id agent.	the purpose of chan	ging its regis	stered office o	r register	ed agent, or boti	n, in the State of	Florida, I an	n familiar wit	h, and accept
8. The above the obligat	utions of registere	ubmits this statement for ad agent.			stered office o			n, in the State of	Florida. I an		h, and accept
the obligat	Signature, typed or pr	noted name of registered agent an	nd title if applicable.  9. Elect	(NOTE: Regis	stered Agent signat	ure required	when reinstating)	,	DATE	ck payable	to
the obligat	Signature, typed or pr	ernted name of registered agent and is \$61.25 ember 6, 2006	nd title if applicable.  9. Elect	(NOTE: Regis ion Campaig Fund Contril	stered Agent signat gn Financing ibution.	oure required	when reinstating) \$5.00 May Be Added to Fees	) FI	Make chee	ck payable	to State
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signature  Di	Signature, typed or professional	in sented name of registered agent and is \$61.25 cmber 6, 2006  OFFICERS AND DIRE	9. Elect Trust	(NOTE: Registion Campaig Fund Contril	stered Agent signat gn Financing ibution.	Dure required	when reinstating) \$5.00 May Be Added to Fees  ADDITIONS/CHA	FI INGES TO OFFICE	DATE  Make chee  lorida Depa	ck payable artment of S	to State
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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.

CITY-ST-ZIP

SIGNATURE: \_\_\_

CITY-ST-ZIP

HBene merits SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MID.