


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 01, 2007 8:00 am**  
**Secretary of State**

06-01-2007 90001 022 \*\*\*\*61.25

**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**

**DO NOT WRITE IN THIS SPACE**



05252007 No Chg-NP CR2E037 (4/06)

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**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RASUMAN, SAMERAH M.D. 1801 SOUTH 23RD ST SUITE 2 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARDYA, PRUBENCIO M.D. 1801 SOUTH 23RD ST SUITE 3 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENEMERITO, MARIA S MD 7307 ELYSE CIRCLE PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUIAMBRO, FELICINITA, M.D. QUIAMBRO, FELICINITA MD #43 7334 MARSH TER. #43 432 N.W. LISMORE LANE PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

*Maria S. Benemerito, M.D.*  
**SIGNATURE: MARIA S. BENEMERITO, M.D.**

Date **5-26-07** Daytime Phone # **772-461-3866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR