

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

**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 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

SQUIAMBAO, FELICINITA, M.D.
QUIAMBRO, FELICINITA MD #43
7334 MARSH TER. #43 432 N.W. LISMORE
PORT SAINT LUCIE, FL 34986 LANE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

MARIA S. BENEMERITO, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-07 772-461-3866

Date

Daytime Phone #