


FILED
Jun 12, 2008 8:00 am
Secretary of State

05-05-2008 90257 038 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	P RASUMAN, SAMERAH M.D. 1801 SOUTH 23RD ST SUITE 2 FORT PIERCE, FL 34950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GARCIA, TRINIDAD, M.D. 1900 NEBRASKA AVE. SUITE#3 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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MENDOZA, GEMMA, M.D. 1115 SUN VILLA DRIVE VERD BEACH, FL. 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENEMERITO, MARIA S MD 7307 ELYSE CIRCLE PORT SAINT LUCIE, FL 34952 <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	S QUIAMBAO, FELICINITA MD 432 N.W. LISMORE LANE PORT SAINT LUCIE, FL 34988 <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	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	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>MARIA S. BENEMERITO, M.D.</u>		Date: <u>6/9/08</u> 772-461-3866	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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