

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47434

FILED  
Jun 04, 2009  
Secretary of State

**Entity Name:** PHILIPPINE MEDICAL SOCIETY OF FLORIDA, TREASURE COAST, INC.

**Current Principal Place of Business:**

1801 S 23RD ST  
STE 2  
FT PIERCE, FL 34950 US

**New Principal Place of Business:**

**Current Mailing Address:**

7307 ELYSE CIRCLE  
PORT SAINT LUCIE, FL 34952 US

**New Mailing Address:**

**FEI Number:** 65-0369233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BENEMERITO, MARIA  
7307 ELYSE CIRCLE  
PORT SAINT LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GARCIA, TRINIDAD  
Address: 1900 NEBRASKA AVE STE 3  
City-St-Zip: FORT PIERCE, FL 34950

Title: VP ( ) Delete  
Name: MENDOZA, GEMMA  
Address: 1115 SUN VILLA DRIVE  
City-St-Zip: VERO BEACH, FL 32960

Title: T ( ) Delete  
Name: BENEMERITO, MARIA S MD  
Address: 7307 ELYSE CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S ( ) Delete  
Name: QUIAMBAO, FELICINITA MD  
Address: 432 N.W. LISMORE LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA S. BENEMERITO, M.D.

T

06/04/2009

Electronic Signature of Signing Officer or Director

Date