

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47434

FILED  
Jul 23, 2012  
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 (X)

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

BENEMERITO, MARIA S M.D.  
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  
Name: MENDOZA, GEMMA I M.D.  
Address: 1115 SUN VILLA DRIVE  
City-St-Zip: VERO BEACH, FL 32960

Title: VP  
Name: ALDANA, PETER M.D.  
Address: 1801 S. 23RD ST. SUITE # 7  
City-St-Zip: FT. PIERCE, FL 34950

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARIA S. BENEMERITO, M.D.

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07/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date