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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000001869 (3) 1. Corporation Name PHILIPPINE MEDICAL SOCIETY OF FLORIDA, INC. WEST COAST CHAPTER					
Principal Place of Business 16409 ASHWOOD DRIVE TAMPA FL 33624-1152			Mailing Address 16409 ASHWOOD DRIVE TAMPA FL 33624-1152		
2. Principal Place of Business 21 6201 12th Street North Suite, Apt. #, etc. 22		2a. Mailing Address 26 6201 12th Street North Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 04/01/1997 4. FEI Number 59-1787889	
23. City & State St. Petersburg, FL 24. Zip 33702		28. City & State St. Petersburg, FL 29. Zip 33702		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MOSQUERA, BENJAMIN P 6201 12 STREET NORTH ST PETERSBURG FL 33702			10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input type="checkbox"/> DELETE NAME MOSQUERA, BENJAMIN P STREET ADDRESS 6201 12 STREET NORTH CITY-ST-ZIP ST PETERSBURG FL 33702			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME GALURA, ENRIQUE Y STREET ADDRESS 2338 US 19 HWY STE 201 CITY-ST-ZIP HOLIDAY FL 34691			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME GALURA, ENRIQUE Y 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME CAPUA, ANACLETO G STREET ADDRESS 8790 MAPLEWOOD ROAD CITY-ST-ZIP SEMINOLE FL 33777			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME REGENCIA-DOMPER, FATIMA STREET ADDRESS 1629 CARTER OAKS DR CITY-ST-ZIP VALRICO FL 33594			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME REGENCIA-DOMPOR, FATIMA 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME DY, RODOLFO L STREET ADDRESS 14100 FIVAY ROAD STE 130 CITY-ST-ZIP HUDSON FL 34667			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME GREGORIO-TENA, ROSITA STREET ADDRESS 865 LIVE AKD TER NE CITY-ST-ZIP ST PETERSBURG FL 33703			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Benjamin P. Mosquera, M.D. / - 9 - 98 *813) 527-4731

CR2E037 (10/97)

ATTACHMENT TO NONPROFIT CORPORATION ANNUAL REPORT 1998
OF THE
PHILIPPINE MEDICAL SOCIETY OF FLORIDA, INC.
WEST COAST CHAPTER
DOCUMENT # N97000001869(3)

Line 12, Officers and Directors (Complete List)

<u>Title</u>	<u>Name</u>	<u>Street Address</u>	<u>City-St-Zip</u>
P-D	Benjamin P. Mosquera	6201 12th Street	North, St. Petersburg, FL 33702
VP-D	Enrique Y. Galura	2338 U.S. 19 Highway, Suite 201,	Holiday, FL 34691
S-D	Anacleto G. Capua	8790 Maplewood Rd.	Seminole, FL 33777
T-D	Fatima Regencia-Dompor	1629 Carter Oaks Dr,	Valrico, FL 33594
D	Rodolfo L. Dy	14100 Fivay Rd, Suite 130,	Hudson, FL 34667
D	Rosita Gregorio-Tena	865 Live Oak Ter NE,	St. Petersburg, FL 33703
D	Erlinda G. Pascual	6218 Fairway Way Blvd,	Gulf Port, FL 33707
D	Benjamin B. Cala	1292 Lori Dr,	Spring Hill, FL 34611
D	Cesar D. Cruz	14601 Anchoret Dr,	Tampa, FL 33624
D	Carlina Jimenea-Lauinger	14113 Harborwood Dr,	Largo, FL 33774
D	Caridad Icasiano-Santos	3200 Higel Ave,	Sarasota, FL 34242
D	Cesar L. Ruiz	13725 Westshire Dr,	Tampa, FL 33618
D	Maria R. Raffinan	2625 Westview Ct,	Clearwater, FL 34621
D	Melvyn G. Drew	6610 W Embassy Blvd,	Port Richey, FL 34668