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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001869

1. Corporation Name

PHILIPPINE MEDICAL SOCIETY OF FLORIDA, INC. WEST COAST CHAPTER

Principal Place of Business

6201 12TH ST N
 ST PETERSBURG FL 33702
 US

Mailing Address

6201 12TH ST N
 ST PETERSBURG FL 33702
 US



2. Principal Place of Business

21 13117 Forest Hills Dr.

Suite, Apt. #, etc.

22

City & State

23 Tampa, FL

Zip

24 33612

Country

25 Hillsborough

2a. Mailing Address

26 13117 Forest Hills Dr.

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33612

Country

30 Hillsborough

3. Date Incorporated or Qualified

04/01/1997

4. FEI Number

59-1787889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

MOSQUERA, BENJAMIN P
 6201 12 STREET NORTH
 ST PETERSBURG FL 33702

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

TITLE	D	XX DELETE
NAME	MOSQUERA, BENJAMIN P	
STREET ADDRESS	6201 12 STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALURA, ENRIQUE Y	
STREET ADDRESS	GALURA, ENRIQUE Y	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAPUA, ANACLETO G	
STREET ADDRESS	8790 MAPLEWOOD ROAD	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REGENCIA-DOMPOR, FATIMA	
STREET ADDRESS	REGENCIA-DOMPOR, FATIMA	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DY, RODOLFO L	
STREET ADDRESS	14100 FIVAY ROAD STE 130	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREGORIO-TENA, ROSITA	
STREET ADDRESS	865 LIVE AKD TER NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	Enrique Galura, M.D.	XX Change	<input type="checkbox"/> Addition
1.2 NAME		2338 US 19 No. #201		
1.3 STREET ADDRESS		Holiday, FL.		
1.4 CITY-ST-ZIP		34691		
2.1 TITLE	VD	Efren Encarnacion, M.C.	<input type="checkbox"/> Change	XX Addition
2.2 NAME		775 Dr. Martin Luther King Blvd		
2.3 STREET ADDRESS		Seffner, FL		
2.4 CITY-ST-ZIP		33584		
3.1 TITLE	SD	Caroline Honculada, M.D.	<input type="checkbox"/> Change	XX Addition
3.2 NAME		10368 Carrollwood Ln, #234		
3.3 STREET ADDRESS		Tampa, FL.		
3.4 CITY-ST-ZIP		33618		
4.1 TITLE	TD	Leoncio Tena, M.D.	<input type="checkbox"/> Change	XX Addition
4.2 NAME		865 Live Oak Terrace NE		
4.3 STREET ADDRESS		St. Petersburg, FL		
4.4 CITY-ST-ZIP		33703		
5.1 TITLE	D	Rodolfo L. Dy, M.D.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		14100 Fivay Road, Ste. 130		
5.3 STREET ADDRESS		Hudson, FL.		
5.4 CITY-ST-ZIP		34667		
6.1 TITLE	D	Rosita Gregoria-Tena, M.D.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		865 Live Oak Terrace NE		
6.3 STREET ADDRESS		St. Petersburg, FL.		
6.4 CITY-ST-ZIP		33703		

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-18-99

727-934-5853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)