

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001869

1. Entity Name

PHILIPPINE MEDICAL SOCIETY OF FLORIDA, INC. WEST

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90285 017 ****61.25

Principal Place of Business

Mailing Address

13117 FOREST HILLS DR
TAMPA FL 33612
US

13117 FOREST HILLS DR
TAMPA FL 33612-3335
US

2. Principal Place of Business

13117 Forest Hills Dr.
Suite, Apt. #, etc.

3. Mailing Address

13117 Forest Hills Dr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-1787889

Applied For

Not Applicable

Zip

33612

Country

Hillsborough

Zip

33612

Country

Hillsborough

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GALURA, ENRIQUE MD ☐ Delete
STREET ADDRESS 2338 US 19 NO #201
CITY-ST-ZIP HOLIDAY FL 34691

TITLE D
NAME CAPUA, ANACLETO G ☐ Delete
STREET ADDRESS 8790 MAPLEWOOD ROAD
CITY-ST-ZIP SEMINOLE FL 33777

TITLE D
NAME REGENCIA-DOMPOR, FATIMA ☐ Delete
STREET ADDRESS REGENCIA-DOMPOR, FATIMA
CITY-ST-ZIP VALRICO FL 33594

TITLE D
NAME DY, RODOLFO L MD ☐ Delete
STREET ADDRESS 14100 FIVAY ROAD STE 130
CITY-ST-ZIP HUDSON FL 34667

TITLE D
NAME GREGORIA-TENA, ROSITA MD ☐ Delete
STREET ADDRESS 865 LIVE AKD TER NE
CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Cesar Cruz, MD ☐ Change ☒ Addition
NAME 14601 Anchoret Road
STREET ADDRESS Tampa, FL 33624
CITY-ST-ZIP

TITLE VD William Cua, M.D. ☐ Change ☒ Addition
NAME 6325 Garland Court
STREET ADDRESS New Port Richey, FL 34652
CITY-ST-ZIP

TITLE VD Pacifico Cordon, M.D. ☐ Change ☒ Addition
NAME 2515 Richman Lane
STREET ADDRESS Brandon, FL 33511
CITY-ST-ZIP

TITLE SD Rosita Gregoria-Tena ☒ Change ☐ Addition
NAME 865 Live Oak Terrace NE
STREET ADDRESS St. Petersburg, FL 33703
CITY-ST-ZIP

TITLE TD Fatima Regencia Dompore ☒ Change ☐ Addition
NAME 205 W. Martin Luther King Blvd.
STREET ADDRESS Tampa, FL 33603
CITY-ST-ZIP

TITLE D Benjamin Mosquera, M.D. ☐ Change ☒ Addition
NAME 681 Bay Laurel Court, N.E.
STREET ADDRESS St. Petersburg, FL 33703
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)