

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90008 032 \*\*\*\*\*61.25

**DOCUMENT # N97000001869**

1. Entity Name

**PHILIPPINE MEDICAL SOCIETY OF FLORIDA, INC. WEST**

Principal Place of Business

Mailing Address

13117 FOREST HILLS DR  
 TAMPA FL 33612  
 US

13117 FOREST HILLS DR  
 TAMPA FL 33612  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1787889**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALURA, ENRIQUE MD 2338 US 19 NO #201 HOLIDAY FL 34691	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPUA, ANACLETO G 8790 MAPLEWOOD ROAD SEMINOLE FL 33777	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGENCIA-DOMPOR, FATIMA REGENCIA-DOMPOR, FATIMA VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DY, RODOLFO L MD 14100 FIVAY ROAD STE 130 HUDSON FL 34667	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORIA-TENA, ROSITA MD 865 LIVE AKD TER NE ST PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, CESAR, M.D. 14601 Anchoret Road Tampa, FL 336	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Cordon, Pacifco, M.D. 501 Eichen feld, #101 Brandon, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Regencia - Dompur, Fatima, M.D. 205 W. Martin Luther King Blvd. Tampa, FL 33603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gregoria-Tena, Rosita, MD 865 Live Oak Terrace, NE St. Petersburg, FL 33703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

813-

Date

Daytime Phone #

CR2E037 (10/00)