

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90140 014 ****61.25

DOCUMENT # N97000001869

1. Entity Name

PHILIPPINE MEDICAL SOCIETY OF FLORIDA, INC. WEST COAST CHAPTER

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



DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	CRUZ, CESAR MD	14601 ANCHORET ROAD	TAMPA FL 336	<input checked="" type="checkbox"/>	PD	Cordon, Pacifico, MD	501 Eichenfeld, #101	Brandon, FL 33511	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	CORDON, PACIFICO MD	501 EICHANFELD #101	BRANDON FL	<input type="checkbox"/>	VD	Virgilio Cabigas, Virgilio, MD	1500 Lakeland Hills Blvd, #3	Lakeland, FL 33805	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	REGENCIA-DOMPOR, FATIMA	205 W MARTIN LUTHER KING BLVD	TAMPA FL 33603	<input type="checkbox"/>	TD	Regencia-Dompor, Fatima, M.D.	205 W. Martin Luther King Blvd.	Tampa, FL 33603	<input type="checkbox"/>	<input type="checkbox"/>
D	GREGORIA-TENA, ROSITA MD	865 LIVE AKD TER NE	ST PETERSBURG FL 33703	<input checked="" type="checkbox"/>	SD	Cua, Rica, M.D.	555 Ranch Road	Tarpon Springs, FL 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	GREGORIA-TENA, ROSITA MD	865 LIVE OAK TERRACE, NE	SAINT PETERSBURG FL 33703	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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** Cordon 8/9/02

CR2E037 (4/02)