

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90219 032 ****61.25

DOCUMENT # N97000001869

1. Entity Name
**PHILIPPINE MEDICAL SOCIETY OF FLORIDA, INC. WEST
COAST CHAPTER**



Principal Place of Business
**13117 FOREST HILLS DR
TAMPA, FL 33612 US**

Mailing Address
**13117 FOREST HILLS DR
TAMPA, FL 33612 US**

24069670



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1787889

Applied For
Not Applicable

Zip

Country

Zip

Country

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. 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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CORDON, PACIFICO MD
STREET ADDRESS 501 EICHENFELD #101
CITY-ST-ZIP BRANDON, FL 33511

TITLE PD ☒ Change ☐ Addition
NAME DY, RODOLFO, M.D.
STREET ADDRESS 14100 FIVEY RD #130
CITY-ST-ZIP HUDSON, FL 34667

TITLE VD ☐ Delete
NAME DY, RODOLFO
STREET ADDRESS 14100 FIVEY RD #130
CITY-ST-ZIP HUDSON, FL 34667

TITLE VD ☒ Change ☐ Addition
NAME CABIGAS, VIRGILIO, MD
STREET ADDRESS 1500 LAKE LAND HILLS BLVD #3
CITY-ST-ZIP LAKE LAND, FL 33805

TITLE TD ☐ Delete
NAME REGENCIA-DOMPOR, FATIMA
STREET ADDRESS 205 W MARTIN LUTHER KING BLVD
CITY-ST-ZIP TAMPA, FL 33603

TITLE VD ☒ Change ☐ Addition
NAME NUNAG, CLEMENTE, MD

TITLE VD ☐ Delete
NAME CABIGAR, VIRGILIO MD
STREET ADDRESS 1500 LAKE LAND HILLS BLVD #3
CITY-ST-ZIP LAKE LAND, FL 33805

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME CUA, RICA MD
STREET ADDRESS 555 ROACH RD
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

4/30/04