

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90167 029 ****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**

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

**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. 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

FILE NOW: FEE IS \$61.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CORDON, PACIFICO MD	
STREET ADDRESS	501 EICHENFELD #101	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CORDON, PACIFICO MD	
STREET ADDRESS	501 EICHANFELD #101	
CITY-ST-ZIP	BRANDON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REGENCIA-DOMPOR, FATIMA	
STREET ADDRESS	205 W MARTIN LUTHER KING BLVD	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CABIGAR, VIRGILIO MD	
STREET ADDRESS	1500 LAKELAND HILLS BLVD #3	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	REGENCIA-DOMPOR, FATIMA MD	
STREET ADDRESS	205 W MARTIN LUTHER KING BLVD	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CUA, RICA MD	
STREET ADDRESS	555 ROACH RD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Rodolfo	
STREET ADDRESS	14100 Fivay Rd., # 130	
CITY-ST-ZIP	Hudson, FL 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

4-9-03

CR2E037 (10/02)