


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000005714	
1. Entity Name BISAYA MEDICAL ASSOCIATION, INC.	

Principal Place of Business 7307 ELYSE CIRCLE PORT ST LUCIE, FL 34952	Mailing Address 7307 ELYSE CIRCLE PORT ST LUCIE, FL 34952
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04112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3473927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BENEMERITO, EZ MD 7307 ELYSE CIRCLE PORT ST LUCIE, FL 34952
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**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP RAFFINAN, JOSE MD 2625 WEST VIEW COURT CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCBO LAO, ANDY DR 75 GLAMORGAN #105 ALLIANCE, OH 44600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENEMERITO, MARIA MD 7307 ELYSE CIRCLE PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BASA, NENITA MD 12 CHESHIRE COURT COLLINSVILLE, IL 62234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000303111  
04/13/05-80098-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Maria S Benemerito, M.D. 4-11-05 772-461-3866  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
MARIA S BENEMERITO, M.D.