

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005714

FILED
May 23, 2007
Secretary of State

Entity Name: BISAYA MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

7307 ELYSE CIRCLE
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

7307 ELYSE CIRCLE
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 59-3473927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BENEMERITO, EZ MD
7307 ELYSE CIRCLE
PORT ST LUCIE, FL 34952 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: RAFFINAN, JOSE MD
Address: 2625 WEST VIEW COURT
City-St-Zip: CLEARWATER, FL 33761

Title: DCBO () Delete
Name: LAO, ANDY DR
Address: 75 GLAMORGAN #105
City-St-Zip: ALLIANCE, OH 44600

Title: T () Delete
Name: BENEMERITO, MARIA MD
Address: 7307 ELKSE CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: P () Delete
Name: PATALINGHUG, CARLOS N SR, MD
Address: 307 JACK ST.
City-St-Zip: BLATIMORE, MD 21225

Title: S () Delete
Name: SUAREZ, NENITA MD
Address: 246 CROOKED LANE
City-St-Zip: LEBANON, PA 17042

Title: T () Delete
Name: AYA-AY, JUANITO MD
Address: 3106 MURDOCK AVE.
City-St-Zip: PARKERSBURG, WV 26101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUSEBIO Z. BENEMERITO, M.D.

R A

05/23/2007

Electronic Signature of Signing Officer or Director

Date