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Jun 10, 2008 8:00 am
Secretary of State
05-05-2008 90235 013 ****66.25

ANNUAL REPORT

DOCUMENT # N97000005714

1. Entity Name
BISAYA MEDICAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7307 ELYSE CIRCLE PORT ST LUCIE, FL 34952	7307 ELYSE CIRCLE PORT ST LUCIE, FL 34952

000130002

04292008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3473927 ☐ Applied For ☐ Not Applicable

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
BENEMERITO, EZ MD 7307 ELYSE CIRCLE PORT ST LUCIE, FL 34952	Name: BENEMERITO, EZ MD Street Address (P.O. Box Number is Not Acceptable): 7307 ELYSE CIRCLE City: Port St. Lucie FL Zip Code: 34952

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: E.Z. Benemerito 6/5/2008
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, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TP RAFFINAN, JOSE MD 2625 WEST VIEW COURT CLEARWATER, FL 33761	☒ Delete	TP HO,JESUS M.D. 1001 First Street MOUNDSVILLE, WV 26041	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCBO LAO, ANDY DR 75 GLAMORGAN #105 ALLIANCE, OH 44600	☒ Delete	DCBO LAO,ANDY M.D. 75 Glamorgan #105 ~~Alliance, OH 44600~~	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BENEMERITO, MARIA MD 7307 ELKSE CIRCLE PORT SAINT LUCIE, FL 34952	☒ Delete	T AYA-AY,JUANITO M.D. 3106 Murdock-Ave. Parkersburg,WV 26101	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PATALINGHUG, CARLOS N SR. MD 307 JACK ST. BLATIMORE, MD 21225	☒ Delete	P JABEL,JUVENAL T. M.D. 511 N Shoshone SATANTA,KS 67870	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SUAREZ, NENITA MD 246 CROOKED LANE LEBANON, PA 17042	☒ Delete	S MAYLINDA M.TABANERA, M.D. 30 Dele Drive Farmingdale,NY 11735	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T AYA-AY, JUANITO MD 3106 MURDOCK AVE. PARKERSBURG, WV 26101	☒ Delete	T FLORA A.INTERONE,M.D. 2416 Shoreline Hts. Sterling, IL 61081-9606	☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: E.Z. Benemerito 6/5/2008