

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005714

FILED
Apr 30, 2009
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:

7307 ELYSE CIRCLE
PORT ST LUCIE, IL 34952

Current Mailing Address:

7307 ELYSE CIRCLE
PORT ST LUCIE, FL 34952

New Mailing Address:

7307 ELYSE CIRCLE
PORT ST LUCIE, IL 34952

FEI Number: 59-3473927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: HO, JESUS MD
Address: 1001 FIRST STREET
City-St-Zip: MOUNDSVILLE, WV 26041

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

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

Title: P () Delete
Name: JABEL, JUVNAL T MD
Address: 511 N SHOSHONE
City-St-Zip: SATANTA, KS 67870

Title: S (X) Delete
Name: TABANERA, MAYLINDA M MD
Address: 30 DELE DRIVE
City-St-Zip: FARMINGDALE, NY 11735

Title: T (X) Delete
Name: INTERONE, FLORA A MD
Address: 2416 SHORELINE HTS
City-St-Zip: STERLING, IL 61081

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: INTERONE, FLORA MD
Address: 2416 SHORELINE HEIGHTS
City-St-Zip: STERLING, IL 61081

Title: P (X) Change () Addition
Name: ALLEGO, MEL MD
Address: 4477 CHIANTI PLACE UNIT 35
City-St-Zip: PALM HARBOR, FL 34683

Title: S (X) Change () Addition
Name: TABANERA, MAY MD
Address: 125 E BROADWAY #601
City-St-Zip: LONG BEACH, NY 11561

Title: BO (X) Change () Addition
Name: LAO, ANDY MD
Address: PO BOX 3146
City-St-Zip: ALLIANCE, OH 44601

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: FLORA INTERONE MD

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date