

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005714

FILED
Feb 05, 2010
Secretary of State

Entity Name: BISAYA MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

7307 ELYSE CIRCLE
PORT ST LUCIE, IL 34952

New Principal Place of Business:

2416 SHORELINE HTS
STERLING, IL 61081

Current Mailing Address:

7307 ELYSE CIRCLE
PORT ST LUCIE, IL 34952

New Mailing Address:

2416 SHORELINE HTS
STERLING, IL 61081

FEI Number: 59-3473927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

INTERONE, FLORA MD
2416 SHORELINE HTS
STERLING, FL 61081 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: FLORA A. INTERONE

02/05/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: INTERONE, FLORA MD
Address: 2416 SHORELINE HEIGHTS
City-St-Zip: STERLING, IL 61081

Title: P
Name: BOFILL, RANO MD
Address: 309 W. AVIS AVE.
City-St-Zip: MAN, WV 25635

Title: S
Name: SADORRA, LAGRIMAS MD
Address: 5322 SHADOWBROOKE DRIVE
City-St-Zip: CROSS LANE, WV 25313

Title: BO
Name: LAO, ANDY MD
Address: PO BOX 3146
City-St-Zip: ALLIANCE, OH 44601

I hereby 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 all other like empowered.

SIGNATURE: FLORA A. INTERONE

T

02/05/2010

Electronic Signature of Signing Officer or Director

Date