2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2007
Secretary of State

DOCUMENT# N06000005063

Entity Name: TAAL SILANGAN ALLIANCE MEDICAL FOUNDATION INC.

Current Principal Place of Business:

412 CAMELIA TR
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

412 CAMELIA TR
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 56-2611141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, LEOPOLDO B
412 CAMELIA TR
ST AUGUSTINE, FL 32086 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: D ( ) Delete
Name: GONZALEZ, LEOPOLDO B
Address: 412 CAMELIA TR
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: VILLASENOR, ROBERTO
Address: 9726 N SHORE DR
City-St-Zip: SHREVERPORT, DE 39973

Title: D ( ) Delete
Name: GASMEN, LORETO
Address: 83 PURDUE ST
City-St-Zip: STATEN ISLAND, NY 10314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: VILLASENOR, ROBERTO
Address: 9726 N SHORE DR
City-St-Zip: SEAFORT, DE 39973

Title: RN (X) Change ( ) Addition
Name: GASMEN, LORETO
Address: 83 PURDUE ST
City-St-Zip: STATEN ISLAND, NY 10314

I hereby certify that the information supplied with this filing does not qualify for the 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: LEOPOLDO B. GONZALEZ, MD DR. 04/01/2007

Electronic Signature of Signing Officer or Director Date