

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005063

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** TAAL SILANGAN ALLIANCE MEDICAL FOUNDATION INC.

**Current Principal Place of Business:**

412 CAMELIA TRAIL  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

412 CAMELIA TRAIL  
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 TRAIL  
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  
Name: GONZALEZ, LEOPOLDO B  
Address: 412 CAMELIA TR  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MD  
Name: VILLASENOR, ROBERTO  
Address: 9726 N SHORE DR  
City-St-Zip: SEAFORT, DE 39973

Title: RN  
Name: GASMEN, LORETO  
Address: 83 PURDUE ST  
City-St-Zip: STATEN ISLAND, NY 10314

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: LEOPOLDO B. GONZALEZ

PRES

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date