

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005063

FILED
Apr 03, 2011
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: RN
Name: HANSEN, PATRICIA
Address: 5085 ALTA VISTA AVE.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: RN
Name: KEMPER, ROBERTA
Address: 9550 CR 13 NORTH
City-St-Zip: ST. AUGUSTINE, FL 32092

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, MD

PRES

04/03/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date