

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005063

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

**Current Principal Place of Business:**

412 CAMELIA TRAIL  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

412 CAMELIA TRAIL  
ST AUGUSTINE, FL 32086

**FEI Number: 56-2611141**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GONZALEZ, LEOPOLDO B  
412 CAMELIA TRAIL  
ST AUGUSTINE, FL 32086 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name GONZALEZ, LEOPOLDO B  
Address 412 CAMELIA TR  
City-State-Zip: ST AUGUSTINE FL 32086

Title RN  
Name HANSEN, PATRICIA  
Address 5085 ALTA VISTA AVE.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title RN  
Name KEMPER, ROBERTA  
Address 9550 CR 13 NORTH  
City-State-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**

**PRESIDENT**

**04/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date