

APMC ILOILO <acemciloilo.corpsec@gmail.com>

Allied Care Experts (ACE) Medical Center Iloilo Inc _23-B_27 July 2021

ICTD Submission <ictdsubmission+canned.response@sec.gov.ph>
To: acemciloilo.corpsec@gmail.com

Tue, Jul 27, 2021 at 11:02 AM

Dear Customer,

Your report/document has been SUCCESSFULLY ACCEPTED by ICTD.

(Subject to Verification and Review of the Quality of the Attached Document)

Official copy of the submitted document/report with Bar Code Page (Confirmation Receipt) will be made available after 15 days from receipt through the SEC Express System at the SEC website at www.sec.gov.ph

NOTICE

Please be informed that pursuant to SEC Memorandum Circular No. 3, series of 2021, scanned copies of the printed reports with wet signature and proper notarization shall be filed in PORTABLE DOCUMENT FORMAT (PDF) **Secondary Reports** such as: 17-A, 17-C, 17-L, 17-Q, ICASR, 23-A, 23-B, I-ACGR, FS-P, FS-C, Monthly Reports, Quarterly Reports, Letters, etc... through email at

ictdsubmission@sec.gov.ph

Note: All submissions through this email are no longer required to submit the hard copy thru mail or overthe- counter.

For those applications that require payment of filing fees, these still need to be filed and sent via email with the SEC RESPECTIVE OPERATING DEPARTMENT.

Further, note that other reports shall be filed thru the ONLINE SUBMISSION TOOL (OST) such as:

AFS, GIS, GFFS, SFFS, LCFS, LCIF, FCFS. FCIF ANO, ANHAM. All submissions through OST are no longer required to submit the hard copy thru mail or over- the- counter.

FOR MC28, please email to:

(MC28 S2020@sec.gov.ph)

For your information and guidance.

Thank you and keep safe.

COVER SHEET

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S.E.C. Registration Number										
A L L I E D C A R E E X P E R	T S	(A	C I	Ξ)					
MEDICAL CENTER-IL	O I L	О]	I I	1 C					
(Company's Full Na	me)		•			•	•	•		
2 N D F L O O R I M S B L I) G .		В	R	G	Y				
B A N T U D L U N A S T . ,	L A	P A	Z							
I L O I L O C I T Y 5 0 0 0 (Business address: No. Street City)	/ Town / P	Provin	nce)							
MAYLENE B. VILLANUEVA Contact Person		C)91		234 Tele			umbe		
1 2 3 1 23-B DR. FELIBERT O. D. Month Day FORM TYPE				0 Mont	4 th		3rd		ın	
Fiscal Year						A	Annua	ıl Mee	ing	
Secondary License Type, If	Applicabl	e								
S E C						N/A	A			
Dept. Requiring this Doc.	- -							er/Sec	tion	
	10	tal Aı	mou	Int O	1 60	rrow	ings			
Total No. of Stockholders	Domest	tic		_			Fo	reign		
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SECURITIES AND EXCHANGE COMMISSION Metro Manila, Philippines

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FO	RIV	23-B

KEVISED

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 23 of the Securities Regulation Code Check box if no longer subject

to filing requirement								
Name and Address of Reporting Person FELIBERT OLILA	2. Issuer Name and ALLIED CAR	Trading Symbol E EXPERTS (ACE) MED	ICAL CENTER - ILOILO	o, INC.	7. Relation	ship of Reporting Person to	(Check	all applicable)
(Last) (Middle) Door 1, Galila Apartment, Jereos Street, Lapaz	Tax Identification Number 925-2	252-016		9/2021	x	Director Onicer		10% Owner Utner (specify below)
(Street)	4. Citizenship	Citizenship Filipino Filipino						
(City) (Province) (Postal Code)			Tab	le 1 - Equity Securi	ties Benefic	cially Owned		
Class of Equity Security	Transaction Date	Securities Acquired (A) or Disposed of (D)				nth	Direct (D	Nature of Indirect Beneficial Ownership
	(Month/Day/Year)	Amount	(A) or (D)	Price	%	Number of Shares		
COMMON SHARES	Beg. Balance				1.45	3,400	Direct	
COMMON OFFICE								
						Bal. as of July 6, 2021		
					-		-	
				10,000.00	-		-	
	3/8/202	1 10	D	10,000.00	-			
4	End, Balance					3,390	Direct	
	End, balance				1.44	Bal. as of July 19, 2021		
					Tight I			
								(Print or Type Responses)

If the change in beneficial ownership is 50% of the previous shareholdings or is equal to 5% of the outstanding capital stock of the issuer, provide the disclosure requirements set forth on page 3 of this form.

Reminder: Report on a separate line for each class of equity securities beneficially owned directly or indirectly.

- (1) A person is directly or indirectly the beneficial owner of any equity security with respect to which he has or shares:
 - (A) Voting power which includes the power to vote, or to direct the voting of, such security; and/or
 - (B) Investment power which includes the power to dispose of, or to direct the disposition of, such security.
 - (2) A person will be deemed to have an indirect beneficial interest in any equity security which is:
 - (A) held by members of a person's immediate family sharing the same household;
 - (B) held by a partnership in which such person is a general partner,
 - (C) held by a corporation of which such person is a controlling shareholder; or
 - (D) subject to any contract, arrangement or understanding which gives such person voting power or investment power with respect to such security.

FORM 23-B

KEVISED

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Check box if no longer subject Filed pursuant to Section 23 of the Securities Regulation Code

to filing requirement						-bi- of Beneding Beregn	o lecuor	
Name and Address of Reporting Person DIANCO FELIBERT OLILA	Issuer Name and Trading Symbol ALLIED CARE EXPERTS (ACE) MEDICAL CENTER - ILOILO, INC.							all applicable)
(Last) (First) (Middle) Door 1, Galila Apartment, Jereos Street, Lapaz	Tax Identification Number 925-25.			x	Director Officer		10% Owner Other (specify below)	
(Street)								
(City) (Province) (Postal Code)	3. Tax Identification Number 925-252-016							
Class of Equity Security					End of Mon	th	4 Owne Direct (D)	6. Nature of Indirect Beneficial Ownership
	(Month/Day/Year)	Amount	(A) or (D)	Price	%			
Founder Shares	Beginning Balance				1.66	10	Direct	
Common Shares					1.45	3,390	Direct	
Common Shares		10	D	10,000.00	0.004	10	Direct	
Common Shares								
							_	
					-			
							_	
					-			
					-			
					-			
					1.44	3,390		
END BALANCE						BAL as of July 19, 2021		

(Print or Type Responses)

If the change in beneficial ownership is 50% of the previous shareholdings or is equal to 5% of the outstanding capital stock of the issuer, provide the disclosure requirements set forth on page 3 of this form.

Reminder. Report on a separate line for each class of equity securities beneficially owned directly or indirectly.

- (1) A person is directly or indirectly the beneficial owner of any equity security with respect to which he has or shares:
 - (A) Voting power which includes the power to vote, or to direct the voting of, such security; and/or
 - (B) Investment power which includes the power to dispose of, or to direct the disposition of, such security.
 - (2) A person will be deemed to have an indirect beneficial interest in any equity security which is:
 - (A) held by members of a person's immediate family sharing the same household;
 - (B) held by a partnership in which such person is a general partner,
 - (C) held by a corporation of which such person is a controlling shareholder, or
 - (D) subject to any contract, arrangement or understanding which gives such person voting power or investment power with respect to such security.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., warrants, options, convertible securities)

Exercise of Deriva	Conversion or Exercise Price of Derivative Security	Transaction Date (Month/Day/Yr)	Number of Deriva Acquired (A) or D		5. Date Exercisable and Expiration Date (Month/Day/Year)		6. Title and Amount of Underlying Securities		7. Price of Derivative Security	8. No. of Derivative Securities Beneficially Owned at	9. Owner- ship Form of Derivative Security; Direct (D)	10. Nature of Indirect Beneficial Ownership
			Amount	(A) or (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		End of Month	or Indirect (I) *	ty; Ownership (D)
								-	-		-	-
					-		-			-	-	-
					-		+					+
					1	-	-				-	

Explanation of Responses:

Note: File three (3) copies of this form, one of which must be manually signed.

Attach additional sheets if space provided is insufficient.

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this Report is true, complete and accurate. This report is signed in the City of Iloilo on July 07, 2021.

By... (Signature of Reporting Person)

FELIBERT O. DIANCO/ DIRECTOR
Name/Title