



APMC ILOILO &lt;acemciloilo.corpsec@gmail.com&gt;

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**Asia Pacific Medical Center - Iloilo, Inc. (formerly: Allied Care Experts (ACE) Medical Center-Iloilo Inc). 23-B Agnes Jean Villaflor\_07 December 2021**

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ICTD Submission &lt;ictdsubmission+canned.response@sec.gov.ph&gt;

Tue, Dec 7, 2021 at 4:15 PM

To: acemciloilo.corpsec@gmail.com

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 Barcode 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](http://www.sec.gov.ph)

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**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, Monthly Reports, Quarterly Reports, Letters, through email at

[ictdsubmission@sec.gov.ph](mailto:ictdsubmission@sec.gov.ph)

**Note: All submissions through this email are no longer required to submit the hard copy thru mail or over- the- 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, LCFS, LCIF, FCFS, FCIF, IHFS, BDFS, PHFS etc. ANO, ANHAM, FS-PARENT, FS-CONSOLIDATED, OPC\_AO, AFS WITH NSPO FORM 1,2,3 AND 4,5,6, AFS WITH NSPO FORM 1,2,3 (FOUNDATIONS)

FOR MC28, please email to:

[MC28\\_S2020@sec.gov.ph](mailto:MC28_S2020@sec.gov.ph)

**For your information and guidance.**

**Thank you and keep safe.**

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# COVER SHEET

SEC Number **CS201423954**

File Number \_\_\_\_\_

**ASIA PACIFIC MEDICAL CENTER - ILOILO, INC.**  
**(Formerly: ALLIED CARE EXPERTS (ACE) MEDICAL CENTER-ILOILO, INC.)**  
(Company's Full Name)

**Brgy. Ungka 1, Jaro, Iloilo City 5000**  
(Company's Address)

**Tel # 321-57-48/0917-523-4802**  
(Company's Telephone Number)

**2021 December 31**  
(Fiscal Year Ending-Month and Day)

**23-B**  
(FORM TYPE)

\_\_\_\_\_  
(Period Ended Date)

\_\_\_\_\_  
(Amendment Designation, if Applicable)

**Issuer of Securities**  
(Secondary License Type, if any)

SECURITIES AND EXCHANGE COMMISSION  
Metro Manila, Philippines

**FORM 23-B**

REVISED

**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

1. Name and Address of Reporting Person <b>VILLAFLO AGNES JEAN MALEFECIO</b>		2. Issuer Name and Trading Symbol <b>ASIA PACIFIC MEDICAL CENTER - ILOILO INC.</b> <small>FORMERLY ALLIED CARE EXPERTS (ACE) MEDICAL CENTER - ILOILO, INC.</small>		7. Relationship of Reporting Person to Issuer (Check all applicable)				
(Last) (First) (Middle) Lot 6 Block 2 Sacred Heart Subd., Hibao an, Mandurao	3. Tax Identification Number 136-793-228-000	5. Statement for Month/Year 12/ <u>7</u> /2021		<input checked="" type="checkbox"/> Director	<input type="checkbox"/> 10% Owner			
(Street)	4. Citizenship Filipino	6. If Amendment, Date of Original (Month/Year)		<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other (specify below)			
(City) (Province) (Postal Code) Iloilo Iloilo 5000	<b>Table 1 - Equity Securities Beneficially Owned</b>							
1. Class of Equity Security	2. Transaction Date (Month/Day/Year)	4. Securities Acquired (A) or Disposed of (D)			3. Amount of Securities Owned at End of Month %	Number of Shares	4. Owned Direct (D)	6. Nature of Indirect Beneficial Ownership
		Amount	(A) or (D)	Price				
COMMON SHARES	Beg. Balance				1.45	3,400	Direct	
						Bal. as of 10/31/2021		
	9/6/2021	368	A	(Par value 1,000)				
	End. Balance				1.6	3,768	Direct	
						Bal. as of 12/01/21		

(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.

SECURITIES AND EXCHANGE COMMISSION  
Metro Manila, Philippines

**FORM 23-B**

**REVISED**

**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

<b>1. Name and Address of Reporting Person</b> VILLAFLO AGNES JEAN MALEFECIO		<b>2. Issuer Name and Trading Symbol</b> ASIA PACIFIC MEDICAL CENTER - ILOILO INC. FORMERLY ALLIED CARE EXPERTS (ACE) MEDICAL CENTER - ILOILO, INC.		<b>7. Relationship of Reporting Person to Issuer</b> (Check all applicable)	
(Last)	(First)	(Middle)	<b>3. Tax Identification Number</b>	<b>5. Statement for Month/Year</b>	<input checked="" type="checkbox"/> Director
Lot 6 Block 2 Sacred Heart Subd., Hibao an, Mandurriao			136-793-228-000	12/ 7/2021	<input type="checkbox"/> 10% Owner
	(Street)				<input type="checkbox"/> Other
Iloilo	Iloilo	5000	<b>4. Citizenship</b>	<b>6. If Amendment, Date of Original (Month/Year)</b>	<input type="checkbox"/> TREASURER
(City)	(Province)	(Postal Code)	Filipino		

Table 1 - Equity Securities Beneficially Owned

1. Class of Equity Security	2. Transaction Date (Month/Day/Year)	4. Securities Acquired (A) or Disposed of (D)			3. Amount of Securities Owned at End of Month		4. Owned Direct (D)	6. Nature of Indirect Beneficial Ownership
		Amount	(A) or (D)	Price	%	Number of Shares		
Founder Shares	Beginning Balance				1.66	10	Direct	
Common Shares	Beginning Balance				1.45	3,390	Direct	
Common Shares	9/6/2021	368	A	(Par Value 1,000)	0.16	368	Direct	
	END BALANCE				1.6	3,768		
					BAL as of 12/01/21			

(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 (continued)

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

1. Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yr)	4. Number of Derivative Securities Acquired (A) or Disposed of (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 End of Month	9. Ownership Form of Derivative Security; Direct (D) or Indirect (I)	10. Nature of Indirect Beneficial Ownership
			Amount	(A) or (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

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 December 01, 2021.

By: ..... / / .....  
(Signature of Reporting Person)  
AGNES JEAN M. VILLAFLORES/TREASURER