



APMC ILOILO <acemciloilo.corpsec@gmail.com>

Allied Care Experts (ACE) Medical Center Iloilo Inc _23-B_31 May 2021

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

Mon, May 31, 2021 at 2:53 PM

Dear Customer,

SUCCESSFULLY ACCEPTED
(subject to verification and review of the quality of the attached document)

Thank you.

SEC ICTD.

COVER SHEET

C	S	2	0	1	4	2	3	9	5	4
---	---	---	---	---	---	---	---	---	---	---

S.E.C. Registration Number

A	L	L	I	E	D	C	A	R	E	E	X	P	E	R	T	S	(A	C	E)				
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

M	E	D	I	C	A	L	C	E	N	T	E	R	-	I	L	O	I	L	O	I	N	C	.		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

(Company's Full Name)

2	N	D	F	L	O	O	R	I	M	S	B	L	D	G	.	B	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 / Province)

MAYLENE B. VILLANUEVA

Contact Person

(033) 321-57-48

Company Telephone Number

1 2

Month

3 1

Day

23-B DR.FREDILYN G. SAMORO

FORM TYPE

0 4

Month

3rd	Sun
-----	-----

Day

Fiscal Year

Annual Meeting

--

Secondary License Type, If Applicable

S E C

Dept. Requiring this Doc.

N/A

Amended Articles Number/Section

--

Total No. of Stockholders

--

Domestic

--

Foreign

Total Amount of Borrowings

Top be accomplished by SEC Personnel concerned

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LCU

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CASHIER

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 SAMORO FREDILYN GALLEGA			2. Issuer Name and Trading Symbol ALLIED CARE EXPERTS (ACE) MEDICAL CENTER - ILOILO, INC.		7. Relationship of Reporting Person to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Officer _____ Vice Chairman <input type="checkbox"/> 10% Owner <input type="checkbox"/> Other (specify below)
(Last)	(First)	(Middle)	3. Tax Identification Number 158-036-702-000	5. Statement for Month/Year 5/14/2021	
(Street) BLK 31 LOT 5 ANA ROS VILLAGE, MANDURRIAO			4. Citizenship Filipino	6. If Amendment, Date of Original (MonthYear)	

(City) (Province) (Postal Code) ILOILO ILOILO 5000	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		
Common Shares	Beginning Balance				1.45	3,400	0	
						Bal. as of 1/29/2021		
Total Direct Shares								
Total Indirect Shares		3,400	A	3,400,000.00	1.45	3,400	I	2A(Husband)
						Bal. as of 1/29/2021		
	5/14/2021				1.45	3,400	0	
	End Balance				4.35	10,200		
						BAL as of 05/14/21		

(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

1. Name and Address of Reporting Person SAMORO FREDILYN GALLEGA (Last) (First) (Middle) (Street) BLK 31 LOT 5 ANA ROS VILLAGE, MANDURRIAO (City) (Province) (Postal Code) ILOILO ILOILO 5000			2. Issuer Name and Trading Symbol ALLIED CARE EXPERTS (ACE) MEDICAL CENTER - ILOILO, INC. 3. Tax Identification Number 158-036-702-000 4. Citizenship Filipino			7. Relationship of Reporting Person to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Officer <input type="checkbox"/> 10% Owner <input type="checkbox"/> Other (specify below) Vice Chairman		
			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	0	
Common Shares	Beginning Balance				1.44	3,390	0	
Total Direct Shares		3,400		3,400,000.00				
Indirect Shares								
Founder Shares (Indirect)		10	A	10,000.00	1.66	10	I	2A(Husband)
Common Shares (Indirect)		3,390	A	3,390,000.00	1.44	3,390	I	2A(Husband)
	2/17/2021	10	A	10,000.00	1.66	10		
		3,390	A	3,390,000.00	1.44	3,390		
					4.35	10,200		
					Bal. as of 05/14/21			

(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.

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:

FREDLYN G. SAMPSON, CHAIRMAN
(Name/Title)
18-May-21
Date

Note: File three (3) copies of this form, one of which must be manually signed.
Attach additional sheets if space provided is insufficient.