

Asia Pacific Medical Center - Iloilo, Inc. (formerly: Allied Care Experts (ACE) Medical Center-Iloilo Inc)._23-B Meride D. Lavilla_9 March 2022

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

Wed, Mar 9, 2022 at 3:44 PM

Your report/document has been SUCCESSFULLY ACCEPTED by ICTD.

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

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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

Note: All submissions through this email are no longer required to submit the hard copy thru mail, eFAST/OST 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:

https://apps010.sec.gov.ph

For your information and guidance.

Thank you and keep safe.

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)

2022 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

KEVISED

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Check box if no longer subject to filing requirement

Filed pursuant to Section 23 of the Securities Regulation Code

1. Name and Address of Reporting Person		2. Issuer Name and Ti	rading Symbol			Relations	hip of Reporting Person to			
LAVILLA MERIDE DAUI	LO	ASIA PACIFIC N	MEDICAL CENTER - ILOI	LO INC.				(Check a	all applicable)	
		FORMERLY ALLIED CAR	E EXPERTS (ACE) MED	ICAL CENTER - ILO	ILO, INC.					100/ 0
(Last) (First) (Midd	ile)	3. Tax Identification		Statement for		_ <u>X</u>	Director			10% Owner
		Number		Month/Year		X_	Officer			Other (specify below)
PASACAO ST.,		123-762-426-000			2/28/2022					(apocity bolow)
(Street)		4. Citizenship		6. If Amendment				VICE CI	IAIRMAN	
LOT 11 BLOCK 6, PUERTO REAL SUBD., LAPAZ		Fillpino Original (MonthYear)								
(City) (Province) (Post	al Code)						^ 1			
ILOILO ILOILO 5000					Table 1 - Equity Securities					
1. Class of Equity Security		2. Transaction	4. Securities Acquire	d (A) or Disposed	i of (D)	3. Amount End of Mont	of Securities Owned at	4 Owne	Nature of In Ownership	direct Beneficial
		Date						Ownership		
y		(Month/Day/Year)		(1) (2)	Price	%	Number of Shares			
			Amount	(A) or (D)	Price	1.60%	3,768	0		
Common Shares		Beginning Balance				1.60%	3,700	0		
Total	Direct Shares						BAL as of 11/05/2021		ļ	
			10	Α	10,000.00				2A(Husba	
			2,490	Α	2,490,000.00	1.06%	2,490	1	2A(Husba	
***************************************			300	Α	300,000.00	0.13%	300	1	2A(Daugh	ter)
			300	A	300,000.00	0.13%	300	1	2A(Daugh	ter)
			300	Α	300,000.00	0.13%	300	1	2A(Daugh	ter)
Total	I Indirect Shares	5/4/2021				1.45%	3,400			
Mary Secretary Constitution (Constitution (C							11			
		4/6/2021	10	D	(Par value 1,000)	0.00%	10	D		
		End Balance				3.05%	7,158			
							BAL as of 2/28/2022			
									(Print or Type	Paenonees)

(Print or Type Respons

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

KEVISED

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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Filed pursuant to Section 23 of the Securities Regulation Code

Name and Address of Reporting Person	2. Issuer Name and				Relationsh	nip of Reporting Person to I		ell applicable)	
LAVILLA MERIDE DAULO		MEDICAL CENTER - ILOI					(Check a	all applicable)	
		ARE EXPERTS (ACE) MED		ILO, INC.	v	Director		10% Owner	
(Last) (First) (Middle)	Tax Identification Number		Statement for Month/Year		<u>X</u> X	Officer		Other	
PASACAO ST.,		2-426-000		2/28/2022				(specify below)	1
(Street)	4. Citizenship		6. If Amendment	, Date of			VICE CI	HAIRMAN	
		Filipino Original (MonthYear)							
LOT 11 BLOCK 6, PUERTO REAL SUBD., LAPAZ									_
(City) (Province) (Postal Code)			т	able 1 - Equity Securitie	e Beneficia	lly Owned			
ILOILO ILOILO 5000							1 Oums	6. Nature of Indirect Beneficial	_
Class of Equity Security	2. Transaction Date	4. Securities Acquire	ed (A) or Dispose		End of Month			Ownership	
	(Month/Day/Year)				%	Number of Shares			
		Amount	(A) or (D)	Price					
Founder Shares	Beginning Balance				1.67%	10	D		_
Common Shares	Beginning Balance				1.60%	3758	0		_
Total Direct S	Shares	3,400		3,400,000.00					
Founder Shares (Indirect)	2/8/202	1 10	Α	10,000.00	1.67%	10		2A(Husband)	
Common Shares (Indirect)	2/8/202	1 2,490	Α	2,490,000.00	1.06%	2490	1	2A(Husband)	
Common Shares (Indirect)	2/8/202	1 300	Α	300,000.00	0.13%	300	1	2A(Daughter)	
Common Shares (Indirect)	2/8/202	1 300	Α	300,000.00	0.13%	300	1	2A(Daughter)	_
Common Shares (Indirect)	2/8/202	1 300	А	300,000.00	0.13%	300	1	2A(Daughter)	
Total Indirect	Shares				1.45%	3400	- 1		
	4/6/202	1 10	D	(Par value 1,000)	0.00%	10	D		
	End Balance				3.05%	7,158		an all the second control of the part of a public of the property of the analysis and the second of the second	-
						Bal. as of 2/28/2022			
					-			(Print or Type Responses)	

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 - (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)

Derivative Security	2. Conversion or Exercise Price of Derivative Security	Transaction Date (Month/Day/Yr)	Acquired (A) or Disposed of (D)		Exercisable and Expiration Date (Month/Day/Year)		Title and Amount of Underlying Securities		7. Price of Derivative Security	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	Indirect (I) *	
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												-
												-
										-		

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 February 28, 2022.

By:(Signature of Reporting Person)

MERIDE D. LAVILLA/VICE CHAIRMAN

Name/Title