

Asia Pacific Medical Center - Iloilo, Inc. (formerly: Allied Care Experts (ACE) Medical Center-Iloilo Inc)._23-B Dr. Meride D. Lavilla_10 October 2022

ICTD Submission <ictdsubmission+canned.response@sec.govph> To: acemciloilo.corpsec@gmail.com Mon, Oct 10, 2022 at 1:12 PN

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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, ICA-QR, ICA-AR, 23-A, 23-B, I-ACGR, ACGR, Monthly Reports, Quarterly Reports, Letters, OPC(ALTERNATE NOMINEE),GIS-G, 52-AR, IHAR,AMLA-CF,NPM,NPAM, BP-FCLC, CHINESEWALL, 39-AR,36-AR, PNFS, MCG, S10/SEC-NTCE-EXEMPT, 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 or over- thecounter.

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 ELECTRONIC FILING AND SUBMISSION TOOL (eFAST) 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 go to SEC website:

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 2	:3-t	3
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Check box if no longer subject

KEVISED

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 23 of the Securities Regulation Code

	to filing requirement									
Name an LAVILLA	nd Address of Reporting P MERIDE	erson DAULO	2. Issuer Name and Trauing Symbol Asia PACIFIC MEDICAL CENTER - ILOILO INC. FORMERLY ALLIED CARE EXPERTS (ACE) MEDICAL CENTER - ILOILO, INC.						ssuer Check a	Il applicable)
(Last)	(First)	(Middle)	3. Tax Identification 5. Stateme Month/Y			9/30/2022	_X _X	Officer		Other (specify below)
	(Stre	pet)	4. Citizenship 6. If Amendment, Date of Original (MonthYear)				-	VICE CH	IAIRMAN	
(City)	(Province)	UBD., LAPAZ (Postal Code) 5000				Table 1 - Equity Securities	Beneficially	Owned		
1. Class of	Equity Security	3300	2. Transaction Date	4. Securities Acquire	ed (A) or Disposed	i of (D)	3. Amount of Securities Owned at 4 Owne(6. N Direct (D) Own			Nature of Indirect Beneficial Ownership
			(Month/Day/Year) Amount (A) or (D) Price				%	Number of Shares		
			Beginning Balance	Allount	(1,4,51,(2)		1.59%	3,738	D	
	Common Shares		Beginning Balance							
		Total Direct Shares						BAL as of7/22/2022		
								10		2A(Husband)
				10	А	10,000.00	1.67%	10	-	2A(Husband)
				2,480	A	2,480,000.00	1.06%	2,480	 	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
				300	A	300,000.00	0.13%	300	-	2A(Daughter)
				300	A	300,000.00	0.13%	300	-	2A(Daughter)
-				300	A	300,000.00	0.13%	300	-	2A(Daughter)
-		Total Indirect Shares	7/22/2022				1.44%	3,390	-	
							-		-	
								40	-	2A(Husband)
		Christine Anne L. Lauron	4/7/2022	10	D D	0.00			+	2A(Husband)
		Nelson J. Hipe	4/7/2022	10	D D	0.00	-		+-	ZA(Husballu)
			End Balance				3.02%	The second secon	+-	
								BAL as of 9/28/2022	+	
										(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

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	Filed purse	uant to Section 23 of t	ne Secunties Reg	ulation Code				
Name and Address of Reporting Person LAVILLA MERIDE DAULO	Issuer Name and T ASIA PACIFIC IN FORMERLY ALLIED CAR	E EXPERTS (ACE) MED	CAL CENTER - ILOI				ssuer (Check al	l applicable)
(Last) (First) (Middle) PASACAO ST.,	3. Tax Identification Number 123-762-4	426-000	5. Statement for Month/Year 6. If Amendment	9/30/2022	_ <u>X</u> _X	Officer	VICE CH	Other (specify below)
(Street) LOT 11 BLOCK 6, PUERTO REAL SUBD., LAPAZ	4. Citizenship Filip		6. If Amendment Original (Month		*.	•		
(City) (Province) (Postal Code) ILOILO ILOILO 5000				ble 1 - Equity Securitie	es Beneficia	lly Owned	4 Owne	6. Nature of Indirect Beneficial
1. Class of Equity Security	Transaction Date (Month/Day/Year)	4. Securities Acquire	ed (A) or Disposed	d of (D)	End of Month	Number of Shares	Direct (D)	Ownership
	(Month/Day/Teat)	Amount	(A) or (D)	Price			_	
Founder Shares	Beginning Balance				1.67%	10	D	
Common Shares	Beginning Balance				1.59%	3728	D	
Total Direct Shares		3,738		3,738,000.00	-	Bal. as of 7/22/2022		
				10,000,00	1.67%	10	1	2A(Husband)
Founder Shares (Indirect)	2/8/2021	10	A	10,000.00	1.06%	2480	-	2A(Husband)
Common Shares (Indirect)	7/22/2022	THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, T	A	2,480,000.00	0.13%		-	2A(Daughter)
Common Shares (Indirect)	2/8/2021	300	A	300,000.00	0.13%		-	2A(Daughter)
Common Shares (Indirect)	2/8/2021	300	-	300,000.00			-	2A(Daughter)
Common Shares (Indirect)	2/8/2021	300	A	300,000.00	1.44%			To the stage of th
Total Indirect Shares	7/22/2022	2			1.44%	% 3390		
					0.004%	10	-	2A(Husband)
Christine Anne L. Lauron	4/7/2022	2 10	-	0.00			-	2A(Husband)
Nelson J. Hipe	4/7/202	2 10	D	0.00	0.004%	10	+	
			-		2.000	7,108	-	
	End Balance			-	3.02%		-	
			1	1	1	BAL as of 9/28/2022		

(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)	Number of Derivative Securities Acquired (A) or Disposed of (D)		Exercisable and Expiration Date (Month/Day/Year)		Title and Amount of Underlying Securities Indeed Ind		7. Price of Derivative Security	Derivative Securities Beneficially	of Derivative	10. Nature of Indirect Beneficial Ownership
			Amount	(A) or (D)	Date Exercisable	Date	Title	Number of Shares		Month	indirect (i) "	
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												-
									-			
				and the same of th						-		
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							-	-	-	-		-
						-	-		-	-		-

Explanation	of	Responses:
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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 <u>©</u> October 2022.

By:(Signature of Reporting Person)

MERIDE D. LAVILLA/VICE CHAIRMAN

Name/Title