

APMC ILOILO <acemciloilo.corpsec@gmail.com>

Allied Care Experts (ACE) Medical Center Iloilo Inc _23-B_25 May 2021

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

Tue, May 25, 2021 at 11:34 AM

Dear Customer,

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

Thank you.

SEC ICTD.

COVER SHEET

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A L L I E D C A R E E X P E R	ТВ	(A	C	Ε)					
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MEDICAL CENTER - IL	O I	L O		I	N C	· ·				
(Company's Full Na	ame)									
2 N D F L O O R I M S B L I	D G		В	R	G	Y	•			
B A N T U D L U N A S T . ,	LA	P	A Z							
I L O I L O C I T Y 5 0 0 0 (Business address: No. Street City	// Town	/ Prov	/ince)							
MAYLENE B. VILLANUEVA			(0:	33)	321	-57	7-48			
Contact Person			Com	pany	/ Tel	epho	ne N	umb	er	
1 2 3 1 23-B MR. LEMUEL T. FER		EZ		0 Mon	4 th		3rd	ay	Sur	ı
Fiscal Year						A	nnua	al Me	etir	ng
Secondary License Type, I	f Applica	able								
						N/A	4			
Dept. Requiring this Doc.							lumb	er/Se	ecti	on
		Total	Amo	unt c	f Bo	rrow	ings			
Total No. of Stockholders	Dome	estic			<u> </u>		Fo	reigr	1	
Top be accomplished by SEC Pe	sonnel o	once	 rned							
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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

Name and Address of Reporting Person	12 Issuer Name and	Trading Symbol		17. Relatio	nship of Reporting Person to	o Issuer		
FERNANDEZ LEMUEL TENDENCIA		CAL CENTER - ILOI	LO, INC.			(Check all applicable)		
(Last) (First) (Middle)	Tax Identification Number 143-266	842-000	Month/Year] =	X Director Officer		Other (specify below
(Street) LOT2 BLOCK 7, JMF SUBD., GUZMAN, MANDURRIAO	4. Citizenship Filip	pino						
(City) (Province) (Postal Code) ILOILO ILOILO 5000			Tat	ole 1 - Equity Securi				
Class of Equity Security	ALLIED CARE EXPERTS (ACE) MEDICAL CENTER - ILOILO, INC. 3. Tax Identification Number 143-266-842-000 5. Statement for Month/Year 5/4/2021 4. Citizenship Filipino 6. If Amendment, Date of Original (MonthYear) UZMAN, MANDURRIAO Table 1 - Equity Sect. 2. Transaction Date (Month/Day/Year) 4. Securities Acquired (A) or Disposed of (D) Beg. Balance Beg. Balance Amount (A) or (D) Price Beg. Balance Price Amount (A) or (D) Price Beg. Balance Beg	End of Mo	nth	Owne 6. Nature of Indirect Benefic Direct (D) Ownership				
COMMON SHARES		Amount	(A) or (D)	Price	%	Number of Shares		
COMMON SHARES	Beg. Balance				0.85	2,000	Direct	
						Bal. as of 1/29/2021		
							_	
	5/4/2021	40	A	40,000.00				
	End. Balance				0.017	Bal. as of 05/04/21	Direct	
						Dai: 43 01 00/04/21		
								(Distant Tono Sonomana)

(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

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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

					19 6				
Name and Address of Reporting Person FERNANDEZ LEMUEL TENDENCIA	Issuer Name and ALLIED CARE	EXPERTS (ACE) MEDI	CAL CENTER - ILO	ILO, INC.	7. Relation	nship of Reporting Person		all applicable)	
(Last) (First) (Middle)	Tax Identification Number 143-266-	842-000		5/4/2021	=	X Director Officer		10% Owner Other (specify below)	
(Street) LOT2 BLOCK 7, JMF SUBD., GUZMAN, MANDURRIAO	4. Citizenship Filip	sino	If Amendment Original (Mon						
(City) (Province) (Postal Code) ILOILO ILOILO 5000			Tat	ole 1 - Equity Securit	ies Benefi	cially Owned			
Class of Equity Security					3. Amount of Securities Owned at 4 Owne 6. Nature of Indirect End of Month				
	(Month/Day/Year)	Amount	(A) or (D)	Price	%	Number of Shares			
Founder Shares	Beginning Balance				1.66	10	Direct		
Common Shares	Beginning Balance			Little and the same	0.84	1,990	Direct		
Common Shares	3/1/2021	40	A	40,000.00	0.017	40	Direct		
							Direct		
END BALANCE					0.87	2,040			
						BAL as of 05/04/21			
								(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}

Exercise Price D	Exercise Price of Derivative	of Derivative (Month/Day/Yr)	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	Derivative Securities Beneficially	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)		

					-							
						/						

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.

EMUEL T. FERNALDEZ/DIRECTOR

4-May-21