COVER SHEET

SEC Number	<u>CS201423954</u>
File Number	

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

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

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

2023 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		I7 Pelation	ship of Penorting Person to Issu	ior							
DIANCO	FELIBERT	OLILA			CAL CENTER - ILOILO,	7. Relationship of Reporting Person to Issuer (Check all applicable)								
(Last) Door 1, 0	Ast) (First) (Middle) 3. Tax Identification Number Door 1, Galila Apartment, Jereos Street, Lapaz 925-25:			5. Statement for Month/Year 2/2023			X_ Director Officer			10% Owner Other (specify below)				
lloilo	(Street)		4. Citizenship Filip	ino	6. If Amendment, Original (Month)			e de la companya de	knii ja jag					
(City)	(Province)	(Postal Code)	Table 1 - Equity Securities Beneficially Owned											
Class of Equity Security		Date	4. Securities Acqui	red (A) or Disposed	of (D)	Amount of Securities Owned at End o Month		f 4 Ow 6. Nature of Indirect Beneficial Direct Ownership						
		(Month/Day/Year)	Amount	(A) or (D)	Price	%	Number of Shares							
COMM	ION SHARES		Beg. Balance	W /			1.43%	3,380	Direct					
				7.80				Bal. as of February 15, 2022						
		Also Age						-Files						
		Celina O. Dianco	10/17/2022	10	D	10,000.00	0.004%	10	Direct					
			End. Balance				1.43%	3,370	Direct					
								Bal. as of February 23, 2023						
								No.						
				V V				•		9				
			A Marie Company											
									-					
								Y						

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.

(Print or Type Responses)

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

Annual Address (Address Address Addres												
Name and Address of Reporting Person DIANCO FELIBERT OLILA	Issuer Name and Trading Symbol ALLIED CARE EXPERTS (ACE) MEDICAL CENTER - ILOILO, INC.					Relationship of Reporting Person to Issuer (Check all applicable)						
(Last) (First) (Middle) Door 1, Galila Apartment, Jereos Street, Lapaz	3. Tax Identification Number 925-2	5. Statement for Month/Year 2/2023		_x	Director Officer	(Citosi ali applicabio)	10% Owner Other (specify below)					
(Street) Iloilo Iloilo 5000	4. Citizenship	pino	6. If Amendment Original (Month				9-14-1-4					
(City) (Province) (Postal Code)				Table 1 - Equity S	Securities B	eneficially Owned						
1. Class of Equity Security	Transaction Date (Month/Day/Year)	4. Securities Acquired (A) or Disposed of (D)			3. Amount End of Mont	of Securities Owned at	4 Ownership Form: Direct (D) or Indirect (I) *	Nature of Indirect Beneficial Ownership				
	(world b bay) Your)	Amount	(A) or (D)	Price	%	Number of Shares						
Founder Shares	Beginning Balance	15	1		1.67%	10	Direct					
Common Shares	Beginning Balance	7.0			1.434%	3,370	Direct					
Celina O. Dianco	10/17/2022	10	D	10,000.00	0.004%	10	Direct					
						**						
	_\\\\											
						1/2						
						197						
	4.9	1.5										
		784										
END BALANCE					1.430%	3,370						
			100			BAL as of February 23, 2	023					

(Print or Type Responses)

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 - (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	3. Transaction Date (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	8. No. of 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	or Indirect (I)	
							Y S		TELL SHARES	Projek		
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	7.7						26.					
	1.1							A Bearing				

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 23, 2023.

By......(Signature of Reporting Person)
FELIBERT O. DIANCO/ DIRECTOR
Name/Title