

CERTIFICATION OF INDEPENDENT DIRECTOR

I, JERUSHA A. COMUELO, Filipino, of legal age and a resident of Metropolis Executive Village, Brgy Bito-on, Jaro Iloilo City, after having been duly sworn to in accordance with law do hereby declare that:

1. I am a nominee for independent director of ASIA PACIFIC MEDICAL CENTER-ILOILO, INC., and have been its independent director since August 2019 to present.
2. I am affiliated with the following companies or organizations (including Government-Owned and Controlled Corporations):

COMPANY/ORGANIZATION	POSITION/RELATIONSHIP	PERIOD OF SERVICE
Iloilo Neuroscience Group, Inc.	Vice President	2022-2023
West Visayas State University Medical Center	Medical Specialist	2014-present
APMC Bacolod	Founder	2016 - present
APMC Aklan	Founder	2017 - present

3. I possess all the qualifications and none of the disqualifications to serve as an Independent Director of ASIA PACIFIC MEDICAL CENTER ILOILO-INC., as provided for in Section 38 of the Securities Regulation Code, its Implementing Rules and Regulations and other SEC issuances.
4. I am not related to any Director, Officer, or substantial shareholder of ASIA PACIFIC MEDICAL CENTER -ILOILO, INC..
5. To the best of my knowledge, I am not the subject of any pending criminal or administrative investigation or proceeding.
6. I have the required permission from the West Visayas State University Medical Center to be an independent director in ASIA PACIFIC MEDICAL CENTER ILOILO-INC., pursuant to Office of the President Memorandum Circular No. 17 and Section 12, Rule XVIII of the Revised Civil Service Rules as shown in Annex A of this Certification.
7. I shall faithfully and diligently comply with my duties and responsibilities as independent director under the Securities Regulation Code and its Implementing Rules and Regulations, Code of Corporate Governance, and other SEC issuances.

8. I shall inform the Corporate Secretary of ASIA PACIFIC MEDICAL CENTER ILOILO-INC of any changes in the above mentioned information within five days of its occurrence.

Done, this 5th day of May 2023, at Iloilo City.

JERUSA A. COMUELO
Affiant

SUBSCRIBED AND SWORN to before me this 05 MAY 2023 at _____, affiant personally appeared before me and exhibited to me her PRC ID with # 0078518 issued/registered on 11/22/1993 valid until 09/15/2023.

Doc. No. 242 :
Page No. 59 :
Book No. 49 :
Series of 2023 :

ATTY/ JOSEPH EDWARD P. AREÑO
NOTARY REGISTRATION NO. 85
ATTORNEY'S ROLL NO. 5471
IBP NO. 035831, 06-11-2018 (LIFETIME)
PTR NO. 8081381, 01-23-2023
UNTIL DECEMBER 31, 2023
ST. ANNE BLDG., LUNA ST., LA PAZ, ILOILO CITY
MCLE COMP. CERT. NO. VII-0002859
Issued on May 3, 2021
TIN: 123-761-675



WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER

E. Lopez St., Jaro, Iloilo City

"PhilHealth Accredited Health Care Provider"

Tel No: (033) 320 2431 | Fax No: (033) 3202623 | Email Address: medcenter@wvsu.edu.ph



PERMISSION TO ENGAGE IN LIMITED PRACTICE OF PROFESSION

(Original/Renewal)

NAME : JERUSHA A. COMUELO DEPARTMENT: PEDIATRICS
 POSITION : MEDICAL SPECIALIST IV DESIGNATION: CHAIRPERSON
 STATUS OF APPOINTMENT: PERMANENT (FULLTIME)

A. State briefly the exact nature of proposed limited practice of profession and the reason/s for engaging in it. Explain how it will enhance service to the Medical Center.

I will practice my profession for 8 hours a day or 40 hours a week in WVSUMC. I also have cross appointment as professor in WVSU College of Medicine and designated as the chairperson in the same Department of Pediatrics thus also have academic responsibilities such as lecture, tutor, preceptor, preparation of exams and grades of the medical students, preparing instructional designs, and other paper works) as required by the University and other pertaining governing bodies. I will do my private practice and other obligations in the other hospital or institutions I am affiliated to only after completion of duties as prescribed by the number of hours by this institution.

B. Indicate time involvement (approximate number of hours to be spent in the Practice of Profession or the time schedule)

My duty hours in the WVSUMC IS 8 hours weekdays (8-5 pm) (on-call) for administrative and clinical decision making. My private practice and engagements will be after completion of my duties as prescribed by number of hours by this institution, weekends and declared local/national holidays, I am designated by the Department of Health as expert medical specialist/panelist in Region VI as deemed necessary for the classification of disease according to my specialty/subspecialty and proper paper documents sent to the Medical Center Chief. I may be a lecturer/moderator/trainor/trainee/attendee in other institutions provided a duly applied leave during office hours was approved.

C. Indicate where Practice of Profession will be done.

I will be performing my duties and responsibilities as pediatrician/child neurologist and other related engagement or obligations in the practice of my profession including independent director in the private hospital (Asia Pacific Medical Center) in Panay, expert Medical Specialist in Regional Adverse Events following Immunization in Region VI Acute Flaccid Paralysis Classification for Poliovirus and other diseases.

<p>1. I hereby abide by the rules and regulations approved by the President and the Board of Regents governing limited Practice of Profession:</p> <p>_____ Signature of Applicant</p>	<p>4. Recommending Approval</p> <p>DAVE ENDEL R. GELPO III, MD, MM, FPCS, FPGS, FPALES OIC-Medical Center Chief</p> <p>_____ Medical Center Chief</p> <p>_____ Date</p>
<p>2. Recommended by:</p> <p>MARCOS D. BITONON, MD, MPA, FPSA, DPH ASSISTANT HOSPITAL DIRECTOR FOR HEALTH OPERATIONS</p> <p>_____ Department Chairman</p> <p>_____ Date</p>	<p>5. Recommending Approval</p> <p>CELINA C. GELLADA, MD, FPPS, FPLSR VICE PRESIDENT FOR MEDICAL AND ALLIED SCIENCES</p> <p>_____ Vice President for Medical and Allied Sciences</p> <p>_____ Date</p>
<p>3. Endorsed by:</p> <p>DARYL A. DIAZ, Ph.D. JAN 18 2023 SUPERVISING ADMINISTRATIVE OFFICER HEAD, HUMAN RESOURCE MANAGEMENT OFFICE</p> <p>_____ Date</p>	<p>6. Approval/Disapproval</p> <p>JOSELITO F. VILLARUZ, M.D., Ph.D., FPPS SUC President IV</p> <p>_____ President</p> <p>_____ Date</p> <p>JAN 25 2023</p>