

**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 7, afterhaving 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	2022-2024
West Visayas State University Medical Center	Medical Specialist	2014-present
APMC Bacolod	Founder	2016
APMC Aklan	Founder	2017

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 theabovementioned information within five days of its  
occurrence.

Done, this 23 day of April 2024, at Iloilo City.

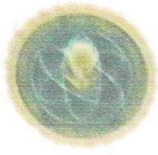
  
**JERUSHA A. COMUELO**  
Affiant

SUBSCRIBED AND SWORN to before me this APR 23, 2024 day of ILOILO CITY affiant  
personally appeared before me and exhibited to me her PRC ID with # 0078518 issued/registered  
on 11/22/1993 valid until 09/15/2026.

Doc. No. 174 ;  
Page No. 36 ;  
Book No. 11 ;  
Series of 2024 ;

  
**ATTY. KIA MARIE E. PANO**  
Notary Public  
For the City and Province of Iloilo  
Notarial Commission No. 251, until 31 December 2024  
Unit 11, Solid Building, Donato Pison Ave.  
Brgy. San Rafael, Mandurriao, Iloilo City  
Roll No. 88125 | 02 May 2023  
IBP No. 391894 | 03 January 2024  
PTC No. 8336928 | 02 January 2024 | Iloilo City  
MCLE Compliance: Initial Compliance valid until 14 April 2025

Annex "A"



**WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER**  
 E. Lopez St. Iloilo City  
*PhilHealth Accredited Health Care Provider*  
 Tel No. (033) 326-3431 Fax No. (033) 326-3431 Email Address: info@center@wvsu.edu.ph



**PERMISSION TO ENGAGE IN LIMITED PRACTICE OF PROFESSION**  
 (Original/Renewal)

NAME: JERUSA A. COMUELO DEPARTMENT: PEDIATRICS  
 POSITION: MEDICAL SPECIALIST IV DESIGNATION: CHAIRPERSON  
 STATUS OF APPOINTMENT: FULL-TIME PERMANENT

- 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 I am designated as the chairperson in the Department of Pediatrics thus I also have academic responsibilities such as coordinator in neurology, lecturer, tutor and preceptor. I am also involved in the preparation of exams and grades of the medical students, preparation of 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 WVSUMC is 8 hours a day from 8:00AM – 4:00PM during weekdays and on call for administrative and clinical decision making. My private practice and engagements will be before 8:00 AM or after 4:00PM on weekdays, holidays or weekends. 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/facilitator/moderator/trainer/trainee/attendee in other institutions provided a duly applied leave during office hours was approved.
- C. Indicate where Practice of Profession will be done.  
 The practice of my profession as Medical Specialist at WVSUMC will be during weekdays from 8:00AM – 4:00PM. Before and after office hours on weekdays or on weekends or holidays, I will be doing my private practice as a pediatrician and child neurologist in my clinic and at the following hospitals: Seamen's Hospital, Asia Pacific Medical Center-Iloilo, Inc. (APMCI), Asia Pacific Medical Center-Akian, Inc. (AMPCA), The Medical City Iloilo (TMCI), Iloilo Doctors Hospital (IDH), St. Paul's Hospital (SPH), Iloilo Mission Hospital (IMH) and Qualimed Hospital. Aside from these duties, I also have responsibilities as an independent director in the private hospital (Asia Pacific Medical Center) in Panay, an expert Medical Specialist in Regional Adverse Events following Immunization in Region VI and Acute Flaccid Paralysis Classification for Poliomyelitis and a lecturer in other medical schools.

<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><i>[Signature]</i>          Signature of Applicant</p>	<p>4. Recommending Approval</p> <p><i>[Signature]</i>          DAVE ENDE R. GELLADA, MD, FPM, FPCS, FPALES          Medical Center Chief          Date: 01 FEB 2024</p>
<p>2. Recommended by:</p> <p><i>[Signature]</i>          MARCOS D. ENO ONON, MD, MFG, FPPSA, FPPS          Department Chairman          Date: 1/21/24</p>	<p>5. Recommending Approval</p> <p><i>[Signature]</i>          CELINA C. GELLADA, MD, FPPS, FPPS          Vice President for Medical and Allied Sciences          Date</p>
<p>3. Endorsed by:</p> <p><i>[Signature]</i>          DARYL J. DIAZ, Ph.D.          SUPERVISOR OF ADMINISTRATIVE OFFICERS          HEAD OF HUMAN RESOURCE MANAGEMENT OFFICE          Date: 09 JAN 2024</p>	<p>6. Approval/Disapproval</p> <p><i>[Signature]</i>          JOSELITO F. VILLARUZ, M.D., Ph.D., FPPS          SUC President IV          President          Date</p>

WVSUMC-HRMO-F99-02