

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, Jaro, Iloilo City 5000
(Company's Address)

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

2025 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)

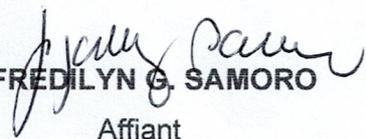
REPUBLIC OF THE PHILIPPINES)
CITY AND PROVINCE OF ILOILO) S.S.

Certification

I, **FREDILYN G. SAMORO**, Director of **Asia Pacific Medical Center – Iloilo Inc.**, (formerly: **Allied Care Experts (ACE) Medical Center-Iloilo Inc.**), with SEC registration number **CS201423954** with principal office at **Barangay Ungka, Jaro, Iloilo City**, on oath state:

- 1) That I have caused this SEC Form **23-B** dated 3rd day of June 2025 to be prepared;
- 2) That I read and understood its contents which are true and correct of my own personal knowledge and/or based on true records;
- 3) That I will comply with the requirements set forth in SEC Memorandum Circular No.18 dated 09 October 2023 for a complete and official submission of reports and/or documents through electronic mail; and
- 4) That I am fully aware that documents filed online which requires pre-evaluation and/or processing fee shall be considered complete and officially received only upon payment of a filing fee.

IN WITNESS WHEREOF, I have hereunto set my hand this 3rd day of June 2025 at Iloilo City.


FREDILYN G. SAMORO
Affiant

SUBSCRIBED AND SWORN to before me this JUN 03 2025 day of June 2025 at Iloilo City, Philippines, affiant exhibiting to me his Valid ID PRC# 0072330 issued at Iloilo City.

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Book No. VII
Series of 2025

ATTY. NOEL O. PALOMADO
Notary Public for the City and Province of Iloilo
Until December 31, 2025 / Notarial Commission Registry No. 93
PTR No. 8517855 / Iloilo City / Jan 2, 2025
IBP No. 17595 / My IBP App / Dec 26, 2024
MCLE No. VII-0009688 / Feb. 14, 2022 / Roll No. 44780
JAGNA-AN, BELLOGA, AGOT & ASSOCIATES
Arguelles Street, Jaro, Iloilo City
Telefax No. 033-329-3156

SECURITIES AND EXCHANGE COMMISSION
Metro Manila, Philippines

FORM 23-B

REVISED

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

1. Name and Address of Reporting Person SAMORO FREDILYN GALLEGA			2. Issuer Name and Trading Symbol ASIA PACIFIC MEDICAL CENTER - ILOILO INC. FORMERLY ALLIED CARE EXPERTS (ACE) MEDICAL CENTER - ILOILO, INC.		7. Relationship of Reporting Person to Issuer (Check all applicable)		
(Last)	(First)	(Middle)	3. Tax Identification Number 158-036-702-000	5. Statement for Month/Year 6/3/2025	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> 10% Owner	
(Street)			4. Citizenship Filipino	6. If Amendment, Date of Original (Month/Year)	<input type="checkbox"/> Officer	<input type="checkbox"/> Other (specify below)	
BLK 31 LOT 5 ANA ROS VILLAGE, MANDURRIAO							
(City)	(Province)	(Postal Code)					
ILOILO	ILOILO	5000					

Table 1 - Equity Securities Beneficially Owned								
1. Class of Equity Security	2. Transaction Date (Month/Day/Year)	4. Securities Acquired (A) or Disposed of (D)			3. Amount of Securities Owned at End of Month		4. Ownership Form Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership
		Amount	(A) or (D)	Price	%	Number of		
Common Shares					2.84%	6,808	D	
Founder Shares		10	A	(Par Value 1000)	0.00%	10	D (Co-owned)	co-owned with: Katrina Belle G. Samoro, Kim Karolyn G. Samoro, Karmela Marie G. Samoro
Common Shares		3,452	A	(Par Value 1000)	1.44%	3,452	D (Co-owned)	co-owned with: Katrina Belle G. Samoro, Kim Karolyn G. Samoro, Karmela Marie G. Samoro
Total Direct Shares	Beg. Balance				4.28%	10,270		
	4/4/2025							
Common Shares		30	D			30	D	
	End Balance				4.27%	10,240		
	6/3/2025							

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.

FORM 23-B (continued)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., warrants, options, convertible securities)

1. Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yr)	4. 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 End of Month	9. Ownership Form of Derivative Security; Direct (D) or Indirect (I)	10. Nature of Indirect Beneficial Ownership
			Amount	(A) or (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
NA												

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 03 JUNE 2025.

By: 
(Signature of Reporting Person)
FREDILYN G. SAMORO/DIRECTOR
Name/Title