

# 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 **LUSYL M. GOMEZ**, 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:

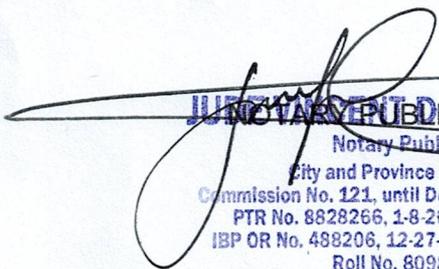
- 1) That I have caused this SEC Form **23-B** dated 06 March 2025 to be prepared;
- 2) That I read and understood its contents which are true and correct of my own personal knowledge and/or based on true records;
- 3) That I comply with the requirements set forth in SEC Memorandum Circular No. 18 dated 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.

06 MAR 2025

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_ day of \_\_\_\_\_ at Iloilo City.

  
**LUSYL M. GOMEZ**  
Affiant

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_ day of 06 MAR 2025 at Iloilo City, Philippines, affiant exhibiting to me his Valid ID PRC ID No. 0061344 issued on December 12, 1986 at Iloilo City valid until July 23, 2027.

  
**JUSTIN Y. FONTILO**  
Notary Public  
City and Province of Iloilo  
Commission No. 121, until December 31, 2026  
PTR No. 8828266, 1-8-2025, Iloilo City  
IBP OR No. 488206, 12-27-2024, Pasig City  
Roll No. 80988  
MCLE Comp. No. VIII-0013671, 9-24-2024

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Series of 2025

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

<b>1. Name and Address of Reporting Person</b> GOMEZ LUSYL MILITANTE (Last) (First) (Middle) Block 1 Lot 14 Savannah Crest A, Abilay Norte (Street) Iloilo Oton 5020 (City) (Province) (Postal Code)	<b>2. Issuer Name and Trading Symbol</b> ASIA PACIFIC MEDICAL CENTER - ILOILO INC. (FORMERLY: ALLIED CARE EXPERTS (ACE) MEDICAL CENTER - ILOILO, INC.) <b>3. Tax Identification Number</b> 154-500-188-000 <b>4. Citizenship</b> Filipino	<b>7. Relationship of Reporting Person to Issuer</b> (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Officer <input type="checkbox"/> 10% Owner <input type="checkbox"/> Other (specify below) Assistant Corporate Secretary <b>5. Statement for Month/Year</b> 3/1/2025 <b>6. If Amendment, Date of Original (Month/Year)</b>
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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. Owned Direct (D)	6. Nature of Indirect Beneficial Ownership
		Amount	(A) or (D)	Price	%	Number of Shares		
Founder Shares	Beg. Balance				1.67%	10	Direct	
Common Shares	Beg. Balance				1.40%	3,360	Direct	
<b>Total Direct Shares</b>	<b>Beg. Balance</b>				<b>1.40%</b>	<b>3,370</b>		
Common Shares	1/7/2025	589	D			589		
	<b>End. Balance</b>				<b>1.16%</b>	<b>2,781</b>	Direct	
						Bal. as of 3/06/2025		

(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.

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				
N/A												

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 06 March 2025.

By: .....  
(Signature of Reporting Person)  
LUSYL M. GOMEZ/ASST. CORPORATE SECRETARY  
Name/Title