

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-AKLAN, INC.
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	Stockholder	2017
APMC Iloilo	Stockholder	2014

3. I possess all the qualifications and none of the disqualifications to serve as an Independent Director of ASIA PACIFIC MEDICAL CENTER AKLAN-, 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 -AKLAN, 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 AKLAN-,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 AKLAN - ,INC of any changes in theabovementioned information within five days of its occurrence.

Done, this MAY 08 2024 day of _____, at JARO, ILOILO CITY.


JERUSHA A. COMUELO
Affiant

SUBSCRIBED AND SWORN to before me this MAY 08 2024 day of _____ at JARO, 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.

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Book No. 1;
Series of 2024


GRACE ANNE S. DORACION-BELLOGA
Notary Public for the Province and City of Iloilo
Notarial Commission Reg. No. 232, Valid until 31 December 2024
Mezzanine Floor, Argulles Bldg. 1, Argulles St., Jaro, Iloilo City
Roll No. 76370
IBP No. 329730, 12/17/2023
PTR No. 8321017, Iloilo City, 01/02/2024
MCLE Compliance No. VIII-0000281

Annex "A"



WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER

F. Lopez St. Iloilo City

PhilHealth Accredited Health Care Provider

Tel No. (033) 336-9431 Fax No. (033) 336-9431 Email Address: medcenter@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.
B. Indicate time involvement (approximate number of hours to be spent in the Practice of Profession or the time schedule)
C. Indicate where Practice of Profession will be done.

Form with six sections for signatures and dates: 1. I hereby abide by the rules and regulations... 2. Recommended by: 3. Endorsed by: 4. Recommending Approval 5. Recommending Approval 6. Approval/Disapproval

WVSUMC-HRMO-F99-02