

CERTIFICATION OF INDEPENDENT DIRECTOR

I, Jerusha A. Comuelo, Filipino, of legal age and a resident of Metropolis Executive Village 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 Allied Care Expert Medical Center Iloilo_ and have been its independent director since 2020 to present (where applicable).
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	Treasurer	2015 to present
West Visayas State Univ. Medical Center	Medical Specialist IV	2014 to present
Asia Pacific Medical Center Aklan Inc	Founder	2017 to present
Allied Care Expert Medical Center Iloilo	Founder	2015 to present

3. I possess all the qualifications and none of the disqualifications to serve as an Independent Director of Allied Care Expert Medical Center Iloilo, as provided for in Section 38 of the Securities Regulation Code, its Implementing Rules and Regulations and other SEC issuances.
4. I am related to the following director/officer/substantial shareholder of (covered company and its subsidiaries and affiliates) other than the relationship provided under Rule 38.2.3 of the Securities Regulation Code. (where applicable)

NAME OF DIRECTOR/OFFICER/SUBSTANTIAL SHAREHOLDER	COMPANY	NATURE OF RELATIONSHIP
Not Applicable	Not Applicable	Not Applicable


5. To the best of my knowledge, I am not the subject of any pending criminal or administrative investigation or proceeding / I disclose that I am the subject of the following criminal/administrative investigation or proceeding (as the case may be):

OFFENSE CHARGED/INVESTIGATED	TRIBUNAL OR AGENCY INVOLVED	STATUS
Not Applicable	Not Applicable	Not Applicable

6. (For those in government service/affiliated with a government agency or GOCC) I have the required permission from the West Visayas State University Medical Center to be an independent director in ACEMC Iloilo, pursuant to Office of the President Memorandum Circular No. 17 and Section 12, Rule XVIII of the Revised Civil Service Rules.

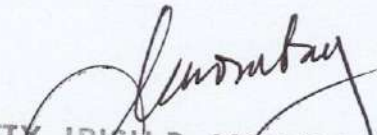
7. I shall faithfully and diligently comply with my duties and responsibilities as independent director under the Securities Regulation Code and its Implementing Rules and Regulations, Code of Corporate Governance and other SEC issuances.
8. I shall inform the Corporate Secretary of _____ of any changes in the abovementioned information within five days from its occurrence.

Done, this JUN 24 2021 day of _____, at _____.


Jerusha A. Comuelo
Affiant

SUBSCRIBED AND SWORN to before me this JUN 24 2021 day of _____ at ILOILO
affiant personally appeared before me and exhibited to me his/her PRC 0078518 issued at Iloilo City on November 22, 1993+-_.

Doc. No. 139 ;
Page No. 29 ;
Book No. 17 ;
Series of 2021 ;


ATTY. IRISH B. MOMBAY
NOTARY PUBLIC
NOT. COMM. REG. NO. 39 until December 31, 2021
Roll No. 67278
IBP No. 140951 Feb. 15, 2021 / Pasig City
PTR No. 7256481 Jan. 04, 2021 / Iloilo City
MCLE Compliance No. VI-0010225
Mombay Law Office
Unit 1, 3F, Rosary Building, Iznart St., Iloilo City
Cel No. 09399141717



West Visayas State University

(Formerly Iloilo Normal School)
Luna St., La Paz, Iloilo City 5000
Iloilo, Philippines

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OFFICE OF THE PRESIDENT

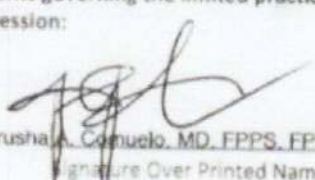
PERMIT TO ENGAGE IN LIMITED PRACTICE OF PROFESSION

(Original/Renewal)

NAME: Jerusha A. Comuelo POSITION TITLE: Medical Specialist IV
✓ CAMPUS: University Medical Center DESIGNATION: Chairman
COLLEGE/DEPARTMENT: Department of Pediatrics STATUS OF APPOINTMENT: Fulltime

- A. State briefly the exact nature of proposed limited practice of profession and the reason/s for engaging it. Explain how it will serve the best interest of the University.
I will practice my profession for 8 hours a day or 40 hours a week in the University Medical Center. Also I have cross appointment as professor in the University College of Medicine.
I will do my private practice and other obligations in the other hospitals or institutions I am affiliated to Only after completion of duties as prescribed by number of hours by this institution.
- B. Indicate the time and days of involvement (approximate number of hours to be spent in the Practice of Profession or the time schedule).
My duty hours in the University Medical Center is 8 hours weekdays 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 may be a lecturer/moderator/trainer/trainee/ attendee in other institution provided a duly applied leave during office hours was approved
- C. Indicate the office, school, and place where the Practice of Profession will be done.
I will be performing my duties and responsibilities as pediatrician/pediatric neurologist and other related engagement or obligations in the practice of my profession including independent director in the private hospital in the Province of Iloilo including Allied Care Experts Medical Center in Region 6 (non operational) and other school (Central Philippine University).

1. I hereby abide by the rules and regulations approved by the President and the Board of Regents governing the limited practice of profession:


 Jerusha A. Comuelo, MD, FPPS, FPNA, FCNSP
 Signature Over Printed Name

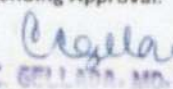
4. Recommending Approval:


 DARYL J. DIAZ JAN 11 2021
 SUPERVISING ADMINISTRATIVE OFFICER
 HRMO Head Date

2. Recommended by:


 CECILIO D. BITON, MD, MBS, FRCG
 Immediate Supervisor Date

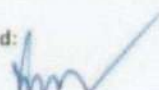
5. Recommending Approval:


 CELINA C. GELLADA, MD, FPPS, FPSDBI
 VP of Concerned Unit JAN 11 2021
 Date

3. Endorsed by:


 Dean/Director/Unit Head Date

6. Approved:


 JOSELITO F. VILLARUZ, M.D., Ph.D., FPPS
 SUC President IV
 University President Date