



SECURITIES AND EXCHANGE COMMISSION

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The following document has been received:

Receiving: JAYSON ALDAY

Receipt Date and Time: December 19, 2025 04:28:14 PM

Company Information

SEC Registration No.: A199803289

Company Name: METROCARE HEALTH SYSTEMS INC.

Industry Classification: N85190

Company Type: Stock Corporation

Document Information

Document ID: OST11219202583853023

Document Type: GENERAL_INFORMATION_SHEET

Document Code: GIS

Period Covered: December 10, 2025

Submission Type: Annual Meeting

Remarks: None

Acceptance of this document is subject to review of forms and contents

GENERAL INFORMATION SHEET (GIS)

FOR THE YEAR **2025**

STOCK CORPORATION

GENERAL INSTRUCTIONS:

1. FOR USER CORPORATION: THIS GIS SHOULD BE SUBMITTED WITHIN THIRTY (30) CALENDAR DAYS FROM THE DATE OF THE ANNUAL STOCKHOLDERS' MEETING. **DO NOT LEAVE ANY ITEM BLANK.** WRITE "N.A." IF THE INFORMATION REQUIRED IS NOT APPLICABLE TO THE CORPORATION OR "NONE" IF THE INFORMATION IS NON-EXISTENT. IF THE ANNUAL STOCKHOLDERS' MEETING IS HELD ON A DATE OTHER THAN THAT STATED IN THE BY-LAWS, THE GIS SHALL BE SUBMITTED WITHIN THIRTY (30) CALENDAR DAYS AFTER THE ELECTION OF THE DIRECTORS, TRUSTEES AND OFFICERS OF THE CORPORATION AT THE ANNUAL MEMBERS' MEETING.
2. IF NO MEETING IS HELD, THE CORPORATION SHALL SUBMIT THE GIS NOT LATER THAN JANUARY 30 OF THE FOLLOWING YEAR. HOWEVER, SHOULD AN ANNUAL STOCKHOLDERS' MEETING BE HELD THEREAFTER, A NEW GIS SHALL BE SUBMITTED/FILED.
3. THIS GIS SHALL BE ACCOMPLISHED IN ENGLISH AND CERTIFIED AND SWORN TO BY THE **CORPORATE SECRETARY** OF THE CORPORATION.
4. THE SEC SHOULD BE TIMELY APPRISED OF RELEVANT CHANGES IN THE SUBMITTED INFORMATION AS THEY ARISE. FOR CHANGES RESULTING FROM ACTIONS THAT AROSE BETWEEN THE ANNUAL MEETINGS, THE CORPORATION SHALL SUBMIT AMENDED GIS CONTAINING THE NEW INFORMATION TOGETHER WITH A COVER LETTER SIGNED THE CORPORATE SECRETARY OF THE CORPORATION. THE AMENDED GIS AND COVER LETTER SHALL BE SUBMITTED WITHIN SEVEN (7) DAYS AFTER SUCH CHANGE OCCURED OR BECAME EFFECTIVE.
5. SUBMIT FOUR (4) COPIES OF THE GIS TO THE RECEIVING SECTION AT THE SEC MAIN OFFICE, OR TO SEC SATELLITE OFFICES OR EXTENSION OFFICES. ALL COPIES SHALL UNIFORMLY BE ON A4 OR LETTER-SIZED PAPER. THE PAGES OF ALL COPIES SHALL USE ONLY ONE SIDE
6. **ONLY THE GIS ACCOMPLISHED IN ACCORDANCE WITH THESE INSTRUCTIONS SHALL BE CONSIDERED AS HAVING BEEN FILED.**
7. THIS GIS MAY BE USED AS EVIDENCE AGAINST THE CORPORATION AND ITS RESPONSIBLE DIRECTORS/OFFICERS FOR ANY VIOLATION OF EXISTING LAWS, RULES AND REGULATIONS

===== PLEASE PRINT LEGIBLY =====

| | | | |
|--|---|---|--|
| CORPORATE NAME: METROCARE HEALTH SYSTEMS, INCORPORATED | | | DATE REGISTERED: 03 March 1998 |
| BUSINESS/TRADE NAME: METROCARE HEALTH SYSTEMS, INCORPORATED | | | FISCAL YEAR END: |
| SEC REGISTRATION NUMBER: A199803289 | | | 31 December |
| DATE OF ANNUAL MEETING PER BY-LAWS: Every 3rd Thursday of May | | | CORPORATE TAX IDENTIFICATION NUMBER (TIN): 005-061-337 |
| ACTUAL DATE OF ANNUAL MEETING: 10 December 2025 | | | WEBSITE/URL ADDRESS: www.metrocarehealth.com |
| COMPLETE PRINCIPAL OFFICE ADDRESS: 147 Williams St., Barangay 13 Zone 14, Pasay City | | | E-MAIL ADDRESS: N/A |
| COMPLETE BUSINESS ADDRESS: Blk 4 Lot 3 & 4 Gatchalian Compound, Industrial Estate, Brgy. Banay-Banay, Cabuyao Laguna | | | FAX NUMBER: 8822-7364 |
| OFFICIAL E-MAIL ADDRESS mariamercedes.jimenez@forzagco.com | ALTERNATE E-MAIL ADDRESS carlo.solis@forzagco.com | OFFICIAL MOBILE NUMBER 09064558544 | ALTERNATE MOBILE NUMBER 09175221932 |
| NAME OF EXTERNAL AUDITOR & ITS SIGNING PARTNER: ONG, NOCEJA & ASSOCIATES Lagrimas N. Ong | | SEC ACCREDITATION NUMBER (if applicable): 9308 38847 - C | TELEPHONE NUMBER(S): 8550-1004 to 09 |
| PRIMARY PURPOSE/ACTIVITY/INDUSTRY PRESENTLY ENGAGED IN: Health Maintenance Operation | | INDUSTRY CLASSIFICATION: Services | GEOGRAPHICAL CODE: |

===== INTERCOMPANY AFFILIATIONS =====

| PARENT COMPANY | SEC REGISTRATION NO. | ADDRESS |
|----------------------|----------------------|---------|
| N/A | N/A | N/A |
| SUBSIDIARY/AFFILIATE | SEC REGISTRATION NO. | ADDRESS |
| N/A | N/A | N/A |
| | | |
| | | |
| | | |

NOTE: USE ADDITIONAL SHEET IF NECESSARY

| GENERAL INFORMATION SHEET STOCK CORPORATION ===== PLEASE PRINT LEGIBLY ===== | |
|--|--|
| Corporate Name: METROCARE HEALTH SYSTEMS, INCORPORATED | |
| A. Is the Corporation a covered person under the Anti Money Laundering Act (AMLA), as amended? (Rep. Acts. 9160/9164/10167/10365) <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Please check the appropriate box: | |
| <p>1.</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. Banks <input type="checkbox"/> b. Offshore Banking Units <input type="checkbox"/> c. Quasi-Banks <input type="checkbox"/> d. Trust Entities <input type="checkbox"/> e. Non-Stock Savings and Loan Associations <input type="checkbox"/> f. Pawnshops <input type="checkbox"/> g. Foreign Exchange Dealers <input type="checkbox"/> h. Money Changers <input type="checkbox"/> i. Remittance Agents <input type="checkbox"/> j. Electronic Money Issuers <input type="checkbox"/> k. Financial Institutions which Under Special Laws are subject to Bangko Sentral ng Pilipinas' (BSP) supervision and/or regulation, including their subsidiaries and affiliates. | <p>4. <input type="checkbox"/> Jewelry dealers in precious metals, who, as a business, trade in precious metals</p> |
| <p>2.</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. Insurance Companies <input type="checkbox"/> b. Insurance Agents <input type="checkbox"/> c. Insurance Brokers <input type="checkbox"/> d. Professional Reinsurers <input type="checkbox"/> e. Reinsurance Brokers <input type="checkbox"/> f. Holding Companies <input type="checkbox"/> g. Holding Company Systems <input checked="" type="checkbox"/> h. Pre-need Companies <input type="checkbox"/> i. Mutual Benefit Association <input checked="" type="checkbox"/> j. All Other Persons and entities supervised and/or regulated by the Insurance Commission (IC) | <p>5. <input type="checkbox"/> Jewelry dealers in precious stones, who, as a business, trade in precious stone</p> |
| <p>3.</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. Securities Dealers <input type="checkbox"/> b. Securities Brokers <input type="checkbox"/> c. Securities Salesman <input type="checkbox"/> d. Investment Houses <input type="checkbox"/> e. Investment Agents and Consultants <input type="checkbox"/> f. Trading Advisors <input type="checkbox"/> g. Other entities managing Securities or rendering similar services <input type="checkbox"/> h. Mutual Funds or Open-end Investment Companies <input type="checkbox"/> i. Close-end Investment Companies <input type="checkbox"/> j. Common Trust Funds or Issuers and other similar entities <input type="checkbox"/> k. Transfer Companies and other similar entities <input type="checkbox"/> l. Other entities administering or otherwise dealing in currency, commodities or financial derivatives based there on <input type="checkbox"/> m. Entities administering or otherwise dealing in valuable objects <input type="checkbox"/> n. Entities administering or otherwise dealing in cash Substitutes and other similar monetary instruments or property supervised and/or regulated by the Securities and Exchange Commission (SEC) | <p>6. Company service providers which, as a business, provide any of the following services to third parties:</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. acting as a formation agent of juridical persons <input type="checkbox"/> b. acting as (or arranging for another person to act as) a director or corporate secretary of a company, a partner of a partnership, or a similar position in relation to other juridical persons <input type="checkbox"/> c. providing a registered office, business address or accommodation, correspondence or administrative address for a company, a partnership or any other legal person or arrangement <input type="checkbox"/> d. acting as (or arranging for another person to act as) a nominee shareholder for another person |
| <p>7. Persons who provide any of the following services:</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. managing of client money, securities or other assets <input type="checkbox"/> b. management of bank, savings or securities accounts <input type="checkbox"/> c. organization of contributions for the creation, operation or management of companies <input type="checkbox"/> d. creation, operation or management of juridical persons or arrangements, and buying and selling business entities | <p>8. <input type="checkbox"/> None of the above</p> |
| <p>Describe nature of business:</p> | <p>Health Maintenance Operation</p> |
| B. Has the Corporation complied with the requirements on Customer Due Diligence (CDD) or Know Your Customer (KYC), record-keeping, and submission of reports under the AMLA, as amended, since the last filing of its GIS? <input checked="" type="radio"/> Yes <input type="radio"/> No | |

GENERAL INFORMATION SHEET
STOCK CORPORATION

===== PLEASE PRINT LEGIBLY =====

| | | | | | | | |
|---|-----------------------------|---|-------------------------|--|-------------------------|-----------------------|-----------------------|
| CORPORATE NAME: | | METROCARE HEALTH SYSTEMS, INCORPORATED | | | | | |
| CAPITAL STRUCTURE | | | | | | | |
| AUTHORIZED CAPITAL STOCK | | | | | | | |
| | TYPE OF SHARES * | NUMBER OF SHARES | PAR/STATED VALUE | AMOUNT (PhP) (No. of shares X Par/Stated Value) | | | |
| | Common | 12,000,000 | 1 | 12,000,000.00 | | | |
| TOTAL | | 12,000,000 | TOTAL P | 12,000,000.00 | | | |
| SUBSCRIBED CAPITAL | | | | | | | |
| FILIPINO | NO. OF STOCK-HOLDERS | TYPE OF SHARES * | NUMBER OF SHARES | NUMBER OF SHARES IN THE HANDS OF THE PUBLIC ** | PAR/STATED VALUE | AMOUNT (PhP) | % OF OWNERSHIP |
| | 14 | Common | 10,000,000 | | 1.00 | 10,000,000 | 100.00 |
| TOTAL | | | 10,000,000 | TOTAL | TOTAL P | 10,000,000.00 | |
| FOREIGN (INDICATE BY NATIONALITY) | NO. OF STOCK-HOLDERS | TYPE OF SHARES * | NUMBER OF SHARES | NUMBER OF SHARES IN THE HANDS OF THE PUBLIC ** | PAR/STATED VALUE | AMOUNT (PhP) | % OF OWNERSHIP |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Percentage of Foreign Equity : TOTAL | | | | TOTAL | TOTAL P | 10,000,000.00 | |
| TOTAL SUBSCRIBED P | | | | | | 10,000,000.00 | |
| PAID-UP CAPITAL | | | | | | | |
| FILIPINO | NO. OF STOCK-HOLDERS | TYPE OF SHARES * | NUMBER OF SHARES | PAR/STATED VALUE | AMOUNT (PhP) | % OF OWNERSHIP | |
| | 14 | Common | 10,000,000 | 1 | 10,000,000 | 100.00 | |
| TOTAL | | | 10,000,000 | TOTAL P | 10,000,000.00 | | |
| FOREIGN (INDICATE BY NATIONALITY) | NO. OF STOCK-HOLDERS | TYPE OF SHARES * | NUMBER OF SHARES | PAR/STATED VALUE | AMOUNT (PhP) | % OF OWNERSHIP | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 0.00 % TOTAL | | | | TOTAL P | 10,000,000.00 | | |
| TOTAL PAID-UP P | | | | | | 10,000,000.00 | |
| NOTE: USE ADDITIONAL SHEET IF NECESSARY | | | | | | | |
| * Common, Preferred or other classification | | | | | | | |
| ** Other than Directors, Officers, Shareholders owning 10% of outstanding shares. | | | | | | | |

GENERAL INFORMATION SHEET

STOCK CORPORATION

PLEASE PRINT LEGIBLY

| CORPORATE NAME: | | METROCARE HEALTH SYSTEMS, INCORPORATED | | | | | | |
|--|-------------|---|-------|--------|--------------|-------------------------------------|-------------|---------------------------|
| DIRECTORS / OFFICERS | | | | | | | | |
| NAME/CURRENT RESIDENTIAL ADDRESS | NATIONALITY | INC'R | BOARD | GENDER | STOCK HOLDER | OFFICER | EXEC. COMM. | TAX IDENTIFICATION NUMBER |
| 1. Virgil B. Prieto 8 Bunker Hills Rolling Hills Subd., Damayang Lagi, Quezon City | Filipino | N | C | M | Y | N/A | | 915-176-085 |
| 2. Sofia Maria Teresa M. Prieto 147 Williams St., Brgy. 13 Zone 14, Pasay City | Filipino | N | M | F | Y | President | | 408-256-136 |
| 3. Maria Mercedes S. Jimenez 39-B Rosal Cor. Asistio St., Caloocan City | Filipino | N | M | F | Y | N/A | | 129-436-811 |
| 4. Geronimo P. Reyes 5-A Omega Town Homes, Omega Ave, West Fairview 1118 Quezon City | Filipino | N | I | M | Y | N/A | | 132-451-105 |
| 5. Atty. Roviell B. Nepomuceno Unit 2109, 21st flr, Cityland Herrera Tower, V.A. Rufino Cor. Valero St., | Filipino | N | I | M | Y | N/A | | 259-670-876 |
| 6. Atty. Carlo Roberto C. Solis 78 Warsaw St., BF Homes, Las Piñas City | Filipino | N | N | M | N | Secretary/ Compliance Officer | | 211-437-029 |
| 7. Concepcion S. De Jesus Lot 7 Unit 7 Prime Rose St. Doña Manuela 1 Subdivision Pamplona Tres, Las Piñas City | Filipino | N | N | F | Y | Treasurer | | 184-079-161 |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| 11. | | | | | | | | |
| 12. | | | | | | | | |
| 13. | | | | | | | | |
| 14. | | | | | | | | |
| 15. | | | | | | | | |
| INSTRUCTION: FOR SEX COLUMN, PUT "F" FOR FEMALE, "M" FOR MALE. FOR BOARD COLUMN, PUT "C" FOR CHAIRMAN, "M" FOR MEMBER, "I" FOR INDEPENDENT DIRECTOR. FOR INC'R COLUMN, PUT "Y" IF AN INCORPORATOR, "N" IF NOT. FOR STOCKHOLDER COLUMN, PUT "Y" IF A STOCKHOLDER, "N" IF NOT. FOR OFFICER COLUMN, INDICATE PARTICULAR POSITION IF AN OFFICER, FROM VP UP INCLUDING THE POSITION OF THE TREASURER, SECRETARY, COMPLIANCE OFFICER AND/OR ASSOCIATED PERSON. FOR EXECUTIVE COMMITTEE, INDICATE "C" IF MEMBER OF THE COMPENSATION COMMITTEE; "A" FOR AUDIT COMMITTEE; "N" FOR NOMINATION AND ELECTION COMMITTEE. ADDITIONALLY WRITE "C" AFTER SLASH IF CHAIRMAN AND "M" IF MEMBER. | | | | | | | | |

**GENERAL INFORMATION SHEET
STOCK CORPORATION**

| ===== PLEASE PRINT LEGIBLY ===== | | | | | | |
|--|-------------------|------------------|--|----------------|----------------------|---------------------------|
| CORPORATE NAME: METROCORE HEALTH SYSTEMS, INCORPORATED | | | | | | |
| TOTAL NUMBER OF STOCKHOLDERS: 14 | | | NO. OF STOCKHOLDERS WITH 100 OR MORE SHARES EAC 2 | | | |
| TOTAL ASSETS BASED ON LATEST AUDITED FINANCIAL STATEMENTS: | | | | | | |
| STOCKHOLDER'S INFORMATION | | | | | | |
| NAME, NATIONALITY AND CURRENT RESIDENTIAL ADDRESS | SHARES SUBSCRIBED | | | | AMOUNT PAID (PhP) | TAX IDENTIFICATION NUMBER |
| | TYPE | NUMBER | AMOUNT (PhP) | % OF OWNERSHIP | | |
| 1. Valentin Prieto, Jr. Filipino 147 Williams St., Brgy. 13 Zone 14, Pasay City | Common | 9,999,393 | 9,999,393.00 | 99.993930% | 9,999,393.00 | 149-863-958 |
| | | | | | | |
| | TOTAL | 9,999,393 | 9,999,393 | | | |
| 2. Elaine M. Prieto Filipino 147 Williams St., Brgy. 13 Zone 14, Pasay City | Common | 350 | 350.00 | 0.003500% | 350.00 | 408-255-046 |
| | | | | | | |
| | TOTAL | 350 | 350.00 | | | |
| 3. Beatriz Maria Elena P. Panganiban Filipino 147 Williams St., Brgy. 13 Zone 14, Pasay City | Common | 50 | 50.00 | 0.000500% | 50.00 | 408-254-318 |
| | | | | | | |
| | TOTAL | 50 | 50.00 | | | |
| 4. Valentin Eduardo Miguel M. Prieto III Filipino 147 Williams St., Brgy. 13 Zone 14, Pasay City | Common | 50 | 50.00 | 0.000500% | 50.00 | 408-255-779 |
| | | | | | | |
| | TOTAL | 50 | 50.00 | | | |
| 5. Sofia Maria Teresa M. Prieto Filipino 147 Williams St., Brgy. 13 Zone 14, Pasay City | Common | 50 | 50.00 | 0.000500% | 50.00 | 408-256-136 |
| | | | | | | |
| | TOTAL | 50 | 50.00 | | | |
| 6. Carlos Juan Francisco M. Prieto Filipino 147 Williams St., Brgy. 13 Zone 14, Pasay City | Common | 50 | 50.00 | 0.000500% | 50.00 | 500-905-662 |
| | | | | | | |
| | TOTAL | 50 | 50.00 | | | |
| 7. Lorenzo Jose Augusto Gabriel M. Prieto Filipino 147 Williams St., Brgy. 13 Zone 14, Pasay City | Common | 50 | 50.00 | 0.000500% | 50.00 | 501-821-642 |
| | | | | | | |
| | TOTAL | 50 | 50.00 | | | |
| 8. Victoria P. Flores Filipino 28 Aquamarine Loop, Ayala Southvale Sonera, Almanza Dos, Las Piñas | Common | 1 | 1.00 | 0.000010% | 1.00 | 112-175-803 |
| | | | | | | |
| | TOTAL | 1 | 1.00 | | | |
| 9. Vernon B. Prieto Filipino 595 Colgate St., East Greenhills, Mandaluyong City | Common | 1 | 1.00 | 0.000010% | 1.00 | 207-921-419 |
| | | | | | | |
| | TOTAL | 1 | 1.00 | | | |
| 10. Virgil B. Prieto Filipino 8 Bunker Hills Rolling Hills Subd., Damayang Lagi, Quezon City | Common | 1 | 1.00 | 0.000010% | 1.00 | 915-176-085 |
| | | | | | | |
| | TOTAL | 1 | 1.00 | | | |
| 11. Concepcion S. De Jesus Filipino Lot 7 Unit 7 Primse Rose St. Doña Manuela 1 Subdivision Pamplona Tres, Las Piñas City | Common | 1 | 1.00 | 0.000010% | 1.00 | 184-079-161 |
| | | | | | | |
| | TOTAL | 1 | 1.00 | | | |
| 12. Maria Mercedes S. Jimenez Filipino 39-B Rosal Cor. Asistio St., Caloocan City | Common | 1 | 1.00 | 0.000010% | 1.00 | 129-436-811 |
| | | | | | | |
| | TOTAL | 1 | 1.00 | | | |
| 13. Atty. Roviel B. Nepomuceno Filipino Unit 2109, 21st flr, Cityland Herrera Tower, V.A. Rufino Cor. Valero St., Makati City | Common | 1 | 1.00 | 0.000010% | 1.00 | 259-670-876 |
| | | | | | | |
| | TOTAL | 1 | 1.00 | | | |
| 14. Geronimo P. Reyes Filipino 5-A Omega Town Homes, Omega Ave, West Fairview 1118 Quezon City | Common | 1 | 1.00 | 0.000010% | 1.00 | 132-451-105 |
| | | | | | | |
| | TOTAL | 1 | 1.00 | | | |
| 15. | | | | | | |
| | | | | | | |
| | TOTAL | | | | | |
| 16. | Common | | | | | |
| | | | | | | |
| | TOTAL | | | | | |
| TOTAL AMOUNT OF SUBSCRIBED CAPITAL | | | 10,000,000.00 | 100.00% | 10,000,000.00 | |
| TOTAL AMOUNT OF PAID-UP CAPITAL | | | | | | |

INSTRUCTION: SPECIFY THE TOP 20 STOCKHOLDERS AND INDICATE THE REST AS OTHERS

Note: For PDTN Nominee included in the list, please indicate further the beneficial owners owning more than 5% of any class of the company's voting securities. Attach separate sheet, if necessary.

GENERAL INFORMATION SHEET
STOCK CORPORATION

===== PLEASE PRINT LEGIBLY =====

| CORPORATE NAME: METROCARE HEALTH SYSTEMS, INCORPORATED | | | | | | |
|--|-------------------|--------|---|-----------------|----------------------|---------------------------|
| TOTAL NUMBER OF STOCKHOLDERS: 14 | | | NO. OF STOCKHOLDERS WITH 100 OR MORE SHARES EACH: 2 | | | |
| TOTAL ASSETS BASED ON LATEST AUDITED FINANCIAL STATEMENTS: | | | | | | |
| STOCKHOLDER'S INFORMATION | | | | | | |
| NAME, NATIONALITY AND CURRENT RESIDENTIAL ADDRESS | SHARES SUBSCRIBED | | | | AMOUNT PAID (PhP) | TAX IDENTIFICATION NUMBER |
| | TYPE | NUMBER | AMOUNT (PhP) | % OF OWNER-SHIP | | |
| 17. | Common | | | | | |
| | | | | | | |
| | TOTAL | | | | | |
| 18. | Common | | | | | |
| | | | | | | |
| | TOTAL | | | | | |
| 19. | Common | | | | | |
| | | | | | | |
| | TOTAL | | | | | |
| 20. | Common | | | | | |
| | | | | | | |
| | TOTAL | | | | | |
| 21. | Common | | | | | |
| | | | | | | |
| | TOTAL | | | | | |
| 22. | Common | | | | | |
| | | | | | | |
| | TOTAL | | | | | |
| 23. | Common | | | | | |
| | | | | | | |
| | TOTAL | | | | | |
| 24. | Common | | | | | |
| | | | | | | |
| | TOTAL | | | | | |
| 25. | Common | | | | | |
| | | | | | | |
| | TOTAL | | | | | |
| 26. | Common | | | | | |
| | | | | | | |
| | TOTAL | | | | | |
| TOTAL AMOUNT OF SUBSCRIBED CAPITAL | | | 10,000,000.00 | 100.00% | | |
| TOTAL AMOUNT OF PAID-UP CAPITAL | | | | | 10,000,000.00 | |

INSTRUCTION: SPECIFY THE TOP 20 STOCKHOLDERS AND INDICATE THE REST AS OTHERS

Note: For PDTC Nominee included in the list, please indicate further the beneficial owners owning more than 5% of any class of the company's voting securities.

GENERAL INFORMATION SHEET
STOCK CORPORATION

===== PLEASE PRINT LEGIBLY =====

| CORPORATE NAME: METROCARE HEALTH SYSTEMS, INCORPORATED | | | | | | |
|--|-------------------|--------|--|----------------|----------------------|---------------------------|
| TOTAL NUMBER OF STOCKHOLDERS: 14 | | | NO. OF STOCKHOLDERS WITH 100 OR MORE SHARES: 2 | | | |
| TOTAL ASSETS BASED ON LATEST AUDITED FINANCIAL STATEMENTS: | | | | | | |
| STOCKHOLDER'S INFORMATION | | | | | | |
| NAME, NATIONALITY AND CURRENT RESIDENTIAL ADDRESS | SHARES SUBSCRIBED | | | | AMOUNT PAID (PhP) | TAX IDENTIFICATION NUMBER |
| | TYPE | NUMBER | AMOUNT (PhP) | % OF OWNERSHIP | | |
| 27. | Common | | | | | |
| | | | | | | |
| | | | | | | |
| | TOTAL | | | | | |
| 28. | Common | | | | | |
| | | | | | | |
| | | | | | | |
| | TOTAL | | | | | |
| 29. | Common | | | | | |
| | | | | | | |
| | | | | | | |
| | TOTAL | | | | | |
| 30. | Common | | | | | |
| | | | | | | |
| | | | | | | |
| | TOTAL | | | | | |
| 31. | Common | | | | | |
| | | | | | | |
| | | | | | | |
| | TOTAL | | | | | |
| TOTAL AMOUNT OF SUBSCRIBED CAPITAL | | | 10,000,000.00 | 100.00% | 10,000,000.00 | |
| TOTAL AMOUNT OF PAID-UP CAPITAL | | | | | | |

INSTRUCTION: SPECIFY THE TOP 20 STOCKHOLDERS AND INDICATE THE REST AS OTHERS

Note: For PDTC Nominee included in the list, please indicate further the beneficial owners owning more than 5% of any class of the company's voting securities.

GENERAL INFORMATION SHEET
STOCK CORPORATION

| ----- PLEASE PRINT LEGIBLY ----- | | | |
|--|---------------------------------|---|----------------------------------|
| CORPORATE NAME: | | METROCARE HEALTH SYSTEMS, INCORPORATED | |
| 1. INVESTMENT OF CORPORATE FUNDS IN ANOTHER CORPORATION | AMOUNT (PhP) | DATE OF BOARD RESOLUTION | |
| 1.1 STOCKS | N/A | N/A | |
| 1.2 BONDS/COMMERCIAL PAPER (Issued by Private Corporations) | N/A | N/A | |
| 1.3 LOANS/ CREDITS/ ADVANCES | N/A | N/A | |
| 1.4 GOVERNMENT TREASURY BILLS | N/A | N/A | |
| 1.5 OTHERS | N/A | N/A | |
| 2. INVESTMENT OF CORPORATE FUNDS IN ACTIVITIES UNDER ITS SECONDARY PURPOSES (PLEASE SPECIFY:) | DATE OF BOARD RESOLUTION | DATE OF STOCKHOLDERS RATIFICATION | |
| N/A | N/A | N/A | |
| 3. TREASURY SHARES | NO. OF SHARES | % AS TO THE TOTAL NO. OF SHARES ISSUED | |
| N/A | N/A | N/A | |
| 4. UNRESTRICTED/UNAPPROPRIATED RETAINED EARNINGS AS OF END OF LAST FISCAL YEAR | | | |
| 5. DIVIDENDS DECLARED DURING THE IMMEDIATELY PRECEDING YEAR: | | | |
| TYPE OF DIVIDEND | AMOUNT (PhP) | DATE DECLARED | |
| 5.1 CASH | | | |
| 5.2 STOCK | N/A | N/A | |
| 5.3 PROPERTY | | | |
| TOTAL | P | | |
| 6. ADDITIONAL SHARES ISSUED DURING THE PERIOD: | | | |
| DATE | NO. OF SHARES | AMOUNT | |
| N/A | N/A | N/A | |
| SECONDARY LICENSE/REGISTRATION WITH SEC AND OTHER GOV'T AGENCY: | | | |
| NAME OF AGENCY: | SEC | BSP | IC |
| TYPE OF LICENSE/REGN. | N/A | N/A | HMO-2023-11-R |
| DATE ISSUED: | | | 01 January 2023 |
| DATE STARTED OPERATIONS: | | | |
| TOTAL ANNUAL COMPENSATION OF DIRECTORS DURING THE PRECEDING FISCAL YEAR (in PhP) | TOTAL NO. OF OFFICERS | TOTAL NO. OF RANK & FILE EMPLOYEES | TOTAL MANPOWER COMPLEMENT |

NOTE: USE ADDITIONAL SHEET IF NECESSARY

I, Carlo Roberto C. Solis, Corporate Secretary of METROCARE HEALTH SYSTEMS, INCORPORATED declare under penalty of perjury that all matters set forth in this GIS have been made in good faith, duly verified by me and to the best of my knowledge and belief are true and correct.

I hereby attest that all the information in this GIS are being submitted in compliance with the rules and regulations of the Securities and Exchange Commission (SEC) the collection, processing, storage and sharing of said information being necessary to carry out the functions of public authority for the performance of the constitutionally and statutorily mandated functions of the SEC as a regulatory agency.

I further attest that I have been authorized by the Board of Directors/Trustees to file this GIS with the SEC.

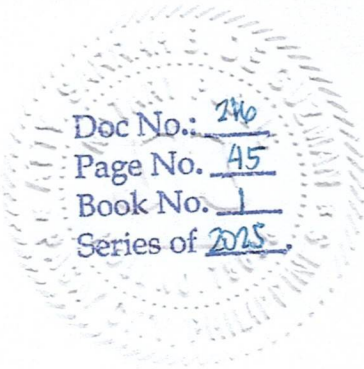
I understand that the Commission may place the corporation under delinquent status for failure to submit the reportorial requirements three (3) times, consecutively or intermittently, within a period of five (5) years (Section 177, RA No. 11232).

Done this _____ day of DEC 19 2025 in PASAY CITY.

CARLO ROBERTO C. SOLIS
(Signature over printed name)

PASAY CITY

SUBSCRIBED AND SWORN TO before me in _____ on DEC 19 2025 by affiant who personally appeared before me and exhibited to me his competent evidence of identity consisting of **TIN-211-437-029** issued at _____ on _____.



NOTARY PUBLIC

ATTY. SARRAH B. DE GUZMAN

Notary Public for Pasay City
Commission No. 25-31; until 31 December 2026
Roll of Attorneys No. 75695
IBP O.R. No. 494377; 02 January 2025; Pangasinan
PTR No. PC8842025; 02 January 2025; Pasay City
MCLE Compliance No. VIII - 0033664; 14 May 2025
147 Williams Street, Pasay City 1300 Metro Manila

BENEFICIAL OWNERSHIP DECLARATION

FOR THE YEAR: 2025

A199803289

SEC REGISTRATION NUMBER:

CORPORATE NAME:

METROCARE HEALTH SYSTEMS, INCORPORATED

Instructions:

1. Identify the Beneficial Owner/s of the corporation as described in the Categories of Beneficial Ownership in items A to I below. List down as many as you can identify. You may use an additional sheet if necessary.
2. Fill in the required information on the beneficial owner in the fields provided for.
3. In the "Category of Beneficial Ownership" column, indicate the letter(s) corresponding thereto. In the event that the person identified as beneficial owner falls under several categories, indicate all the letters corresponding to such categories.
4. If the category is under letter "I", indicate the position held (i.e., Director/Trustee, President, Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, etc.).
5. Do not leave any item blank. Write "N/A" if the information required is not applicable or "NONE" if non-existent.

"Beneficial Owner" refers to any natural person(s) who ultimately own(s) or control(s) or exercise(s) ultimate effective control over the corporation. This definition covers the natural person(s) who actually own or control the corporation as distinguished from the legal owners. Such beneficial ownership may be determined on the basis of the following:

Category

Description

- A** Natural person(s) owning, directly or indirectly or through a chain of ownership, at least twenty-five percent (25%) of the voting rights, voting shares or capital of the reporting corporation.
- B** Natural person(s) who exercise control over the reporting corporation, alone or together with others, through any contract, understanding, relationship, intermediary or tiered entity.
- C** Natural person(s) having the ability to elect a majority of the board of directors/trustees, or any similar body, of the corporation.
- D** Natural person(s) having the ability to exert a dominant influence over the management or policies of the corporation.
- E** Natural person(s) whose directions, instructions, or wishes in conducting the affairs of the corporation are carried out by majority of the members of the board of directors of such corporation who are accustomed or under an obligation to act in accordance with such person's directions, instructions or wishes.
- F** Natural person(s) acting as stewards of the properties of corporations, where such properties are under the care or administration of said natural person(s).
- G** Natural person(s) who actually own or control the reporting corporation through nominee shareholders or nominee directors acting for or on behalf of such natural persons.
- H** Natural person(s) ultimately owning or controlling or exercising ultimate effective control over the corporation through other means not falling under any of the foregoing categories.
- I** Natural person(s) exercising control through positions held within a corporation (i.e., responsible for strategic decisions that fundamentally affect the business practices or general direction of the corporation such as the members of the board of directors or trustees or similar body within the corporation; or exercising executive control over the daily or regular affairs of the corporation through a senior management position). This category is only applicable in exceptional cases where no natural person is identifiable who ultimately owns or exerts control over the corporation, the reporting corporation having exhausted all reasonable means of identification and provided there are no grounds for suspicion.

| COMPLETE NAME (Surname, Given Name, Middle Name, Name Extension (i.e., Jr., Sr., III)) | SPECIFIC RESIDENTIAL ADDRESS | NATIONALITY | DATE OF BIRTH | TAX IDENTIFICATION NO. | % OF OWNERSHIP ¹ / % OF VOTING RIGHTS ² | TYPE OF BENEFICIAL OWNER ³ Direct (D) or Indirect (I) | CATEGORY OF BENEFICIAL OWNERSHIP |
|---|--|-------------|---------------|------------------------|---|---|----------------------------------|
| Prieto,Valentin Benedicto Jr. | 147 Williams St., Brgy. 13 Zone 14, Pasay City | Filipino | 11 Nov 1956 | 149- 863-958 | 99.993930% | D | D |
| Prieto, Sofia Maria Teresa Morales | 147 Williams St., Brgy. 13 Zone 14, Pasay City | Filipino | 15 May 1992 | 408-256-136 | 0.000500% | D | D, I - President |
| De Jesus, Concepcion Sitchon | Lot 7 Unit 7 Prime Rose St. Doña Manuela 1 Subdivision Pamplona Tres, Las Piñas City | Filipino | 08 Dec 1974 | 184-079-161 | 0.000010% | D | Treasurer |

Note: This page is not for uploading on the SEC iView.

¹ For Stock Corporations.

² For Non-Stock Corporations.

³ For Stock Corporations.