

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Feb 17, 2006
Secretary of State**

DOCUMENT# N04000011431

Entity Name: HEALTH TOURISM INTERNATIONAL CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

908 SALZEDO
2
CORAL GABLES, FL 33134

New Principal Place of Business:

4880 NW 7 ST
MIAMI, FL 33126

Current Mailing Address:

908 SALZEDO
2
CORAL GABLES, FL 33134

New Mailing Address:

4880 NW 7 ST
MIAMI, FL 33126

FEI Number: 20-1977675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GARIS, SILEGA L
908 SALZEDO
2
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GARIS, SILEGA L
3001 SW 103 AVE
MIAMI, FL 33165 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GARIS SILEGA

02/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SILEGA, GARIS L
Address: 908 SALZEDO #2
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SILEGA, GARIS L
Address: 3001 SW 103 AVE
City-St-Zip: MIAMI, FL 33165

Title: VP () Change (X) Addition
Name: SILEGA, ODALYS
Address: 3001 SW 103 AVE
City-St-Zip: MIAMI, FL 33165

Title: VP () Change (X) Addition
Name: NAVES, JOSE L
Address: 3001 SW 103 AVE
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARIS SILEGA

P

02/17/2006

Electronic Signature of Signing Officer or Director

Date