

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005140

FILED
Feb 10, 2012
Secretary of State

Entity Name: HTC MEDICAL MISSIONS INC.

Current Principal Place of Business:

19184 CLOISTER LAKE LANE
BOCA RATON, FL 33498

New Principal Place of Business:

19184 CLOISTER LAKE LANE
BOCA RATON, FL 33498 UN

Current Mailing Address:

19184 CLOISTER LAKE LANE
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 45-4503983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUBILLOS, LUIS F PRES
19184 CLOISTER LAKE LANE
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

CUBILLOS, LUIS F SEC
19184 CLOISTER LAKE LANE
BOCA RATON, FL 33498 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: LUIS CUBILLOS

02/10/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: CUBILLOS, LUIS F JR.
Address: 19184 CLOISTER LAKE LANE
City-St-Zip: BOCA RATON, FL 33498

Title: SEC
Name: CUBILLOS, LUIS F
Address: 19184 CLOISTER LAKE LANE
City-St-Zip: BOCA RATON, FL 33498

Title: VP
Name: CUBILLOS, MELISSA M
Address: 19184 CLOISTER LAKE LANE
City-St-Zip: BOCA RATON, FL 33498

Title: VP
Name: CUBILLOS, SYLVIA Y
Address: 19184 CLOISTER LAKE LANE
City-St-Zip: BOCA RATON, FL 33498

Title: VP
Name: CUBILLOS, CELINE M
Address: 19184 CLOISTER LAKE LANE
City-St-Zip: BOCA RATON, FL 33498

I hereby 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 all other like empowered.

SIGNATURE: LUIS CUBILLOS

SEC

02/10/2012

Electronic Signature of Signing Officer or Director

Date