2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004
Secretary of State

DOCUMENT# P03000112413

Entity Name: THEECELL HEALTHCARE SYSTEMS, INC.

Current Principal Place of Business:

8000 NORTH FEDERAL HWY
BOCA RATON, FL 33487

New Principal Place of Business:

2491 NW TIMBERCREEK CIRCLE
BOCA RATON, FL 33431

Current Mailing Address:

8000 NORTH FEDERAL HWY
BOCA RATON, FL 33487

New Mailing Address:

2491 NW TIMBERCREEK CIRCLE
BOCA RATON, FL 33431

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOBIN & REYES, P.A.
7251 WEST PALMETTO PARK ROAD STE 205
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

FABEL, CRAIG J
2491 NW TIMBERCREEK CIRCLE
BOCA RATON, FL 33431 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: CRAIG FABEL 06/08/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FABEL, CRAIG
Address: 8000 NORTH FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG FABEL D 06/08/2004
Electronic Signature of Signing Officer or Director Date