2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P03000112413

Entity Name: THEECELL HEALTHCARE SYSTEMS, INC.

Current Principal Place of Business:

2491 NW TIMBERCREEK CIRCLE
BOCA RATON, FL 33431

New Principal Place of Business:

21 SW 1ST AVENUE
DELRAY BEACH, FL 33444

Current Mailing Address:

2491 NW TIMBERCREEK CIRCLE
BOCA RATON, FL 33431

New Mailing Address:

21 SW 1ST AVENUE
DELRAY BEACH, FL 33444

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

Name and Address of Current Registered Agent:

FABEL, CRAIG J
2491 NW TIMBERCREEK CIRCLE
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

FABEL, CRAIG J
21 SW 1ST AVENUE
DELRAY BEACH, FL 33444 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: _____ 04/30/2005
Electronic Signature of Registered Agent — Date

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FABEL, CRAIG
Address: 21 SW 1ST AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Change (X) Addition
Name: DISKIN, ARTHUR MD
Address: 21 SW 1ST AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

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 04/30/2005
Electronic Signature of Signing Officer or Director — Date