

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000112413

**FILED**  
**Oct 13, 2006**  
**Secretary of State**

**Entity Name:** THEECELL HEALTHCARE SYSTEMS, INC.

**Current Principal Place of Business:**

21 SW 1ST AVENUE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

21 SW 1ST AVENUE  
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number:** 20-1584978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FABEL, CRAIG J  
21 SW 1ST AVENUE  
DELRAY BEACH, FL 33444 US

**Name and Address of New Registered Agent:**

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 J. FABEL

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: 21 SW 1ST AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG J. FABEL

Electronic Signature of Signing Officer or Director

OFCR

10/13/2006

Date