

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000112413

**FILED**  
**Sep 06, 2007**  
**Secretary of State**

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

**Current Principal Place of Business:**

2491 NW TIMBERCREEK CIRCLE  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 812166  
BOCA RATON, FL 33431

**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:**

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:

09/06/2007

Electronic Signature of Registered Agent

Date

**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: D (X) Change ( ) Addition  
Name: FABEL, CRAIG  
Address: 2491 NW TIMBERCREEK CIRCLE  
City-St-Zip: BOCA RATON, FL 33431

Title: D (X) Change ( ) Addition  
Name: DISKIN, ARTHUR MD  
Address: 125 PALM AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify 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 FABEL

D

09/06/2007

Electronic Signature of Signing Officer or Director

Date