

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90634 046 ***150.00

DOCUMENT # P97000028989

1. Entity Name
NH-DIAB, INC.

Principal Place of Business Mailing Address
~~1900 CORPORATE BLVD., NW STE. 400, W.~~ ~~1900 CORPORATE BLVD., NW STE. 400, W.~~
~~BOCA RATON FL 33431~~ ~~BOCA RATON FL 33431~~

A0071205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Wound Healing Center
 10301 Hagen Ranch Rd.
 Entrance B, Ste.1
 Boynton, FL 33437

3. Mailing Address

NATIONAL HEALING CORP.
 1900 Corporate Blvd. NW #105W
 Boca Raton, FL 33431

4. FEI Number **65-0744786**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
 NAME LINOHAN, STEPHEN D
 STREET ADDRESS 5052 BLUE HERON BLVD
 CITY-ST-ZIP BOCA RATON FL 33431 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DSVP
 NAME PATRICK, JAMES
 STREET ADDRESS 171 COUNTRY CLUB BLVD.
 CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE CEO & Board Secretary
 NAME JAMES E PATRICK
 STREET ADDRESS 1900 CORPORATE BLVD., #105W
 CITY-ST-ZIP BOCA RATON, FL 33431 ☒ Change ☐ Addition

TITLE CFT
 NAME MILES, ROBERT A
 STREET ADDRESS 2595 NW 2TH STREET
 CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Delete

TITLE CFO
 NAME James M. Tyler
 STREET ADDRESS 1900 Corporate blvd. NW #105W
 CITY-ST-ZIP Boca Raton, FL 33431 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/01 (561) 994-1174

Date

Daytime Phone #

CR2E034 (10/00)