2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028989

Entity Name: NH-DIAB, INC.

FILED Apr 08, 2004 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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WOUND HEALING CENTER 10301 HAGEN RANCH RD ENTRANCE B SUITE 1 BOYNTON, FL 33437

Current Mailing Address:

New Mailing Address:

NATIONAL HEALING CORP 1900 CORPORATE BLVD NW # 105W BOCA RATON, FL 33431 NATIONAL HEALING CORP 6400 CONGRESS AVENUE #2200 BOCA RATON, FL 33487

FEI Number: 65-0744786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION CREATIONS NETWORK INC 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP () Delete

Name: PATRICK, JAMES E

Address: 1900 CORPORATE BLVD NW # 105W

City-St-Zip: BOCA RATON, FL 33431

Title: CFOT () Delete

Name: TYLER, JAMES M

Address: 1900 CORPORATE BLVD NW # 105W

City-St-Zip: BOCA RATON, FL 33431

Title: S () Delete Name: MALSAM, GEORGE

Address: 6400 CONGRESS AVE #2200 City-St-Zip: BOCA RATON, FL 33487 Title: CEOP (X) Change () Addition

Name: PATRICK, JAMES E

Address: 6400 CONGRESS AVENUE #2200

City-St-Zip: BOCA RATON, FL 33487

Title: CFOT (X) Change () Addition

Name: TYLER, JAMES M

Address: 6400 CONGRESS AVENUE #2200

City-St-Zip: BOCA RATON, FL 33487

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: JAMES M TYLER CFO 04/08/2004