

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028989

Entity Name: NH-DIAB, INC.

FILED  
Feb 16, 2006  
Secretary of State

## Current Principal Place of Business:

WOUND HEALING CENTER  
10301 HAGEN RANCH RD ENTRANCE B SUITE 1  
BOYNTON, FL 33437

## New Principal Place of Business:

## Current Mailing Address:

NATIONAL HEALING CORP  
6400 CONGRESS AVENUE #2200  
BOCA RATON, FL 33487

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEOP ( ) Delete  
Name: PATRICK, JAMES E  
Address: 6400 CONGRESS AVENUE #2200  
City-St-Zip: BOCA RATON, FL 33487

Title: CFOT ( ) Delete  
Name: TYLER, JAMES M  
Address: 6400 CONGRESS AVENUE #2200  
City-St-Zip: BOCA RATON, FL 33487

Title: S ( ) Delete  
Name: MALSAM, GEORGE  
Address: 6400 CONGRESS AVE #2200  
City-St-Zip: BOCA RATON, FL 33487

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JAMES M. TYLER

CFOT

02/16/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date