2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028989

Entity Name: NH-DIAB, INC.

FILED Apr 15, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

NATIONAL HEALING CORPORATION
4850 T-REX AVE., #300
BOCA RATON, FL 33431

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

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US
DENISE, SCHUMANN ESQ.
4850 T-REX AVE., #300
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: DENISE SCHUMANN 04/15/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP () Delete Title: PRES (X) Change () Addition Name: PATRICK, JAMES E CEO

 Address:
 6400 CONGRESS AVENUE #2200
 Address:
 4850 T-REX AVE., #300

 City-St-Zip:
 BOCA RATON, FL 33487
 City-St-Zip:
 BOCA RATON, FL 33431

Title: CFOT () Delete Title: TRES (X) Change () Addition Name: TYLER, JAMES M Name: MCKEOWN, EVAN CFO

 Name:
 IT LER, JAIVIES IVI
 Name:
 IVICKEOWN, EVAIN CFO

 Address:
 6400 CONGRESS AVENUE #2200
 Address:
 4850 T-REX AVE., #300

 City-St-Zip:
 BOCA RATON, FL 33487
 City-St-Zip:
 BOCA RATON, FL 33431

() Delete Title: Title: SECY (X) Change () Addition MALSAM, GEORGE SCHUMANN, DENISE ESQ Name: Name: 4850 T-REX AVE., #300 6400 CONGRESS AVE #2200 Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33431

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: DENISE SCHUMANN SECY 04/15/2008