

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028989

Entity Name: NH-DIAB, INC.

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

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

## Current Mailing Address:

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

## New Principal Place of Business:

4850 T-REX AVE  
SUITE #300  
BOYNTON BEACH, FL 33431

## New Mailing Address:

4850 T-REX AVE  
SUITE #300  
BOYNTON BEACH, FL 33431

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

## Name and Address of Current Registered Agent:

DENISE, SCHUMANN ESQ.  
4850 T-REX AVE., #300  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

HOCHMAN, RODGER 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: RODGER HOCHMAN

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: PATRICK, JAMES E CEO  
Address: 4850 T-REX AVE., #300  
City-St-Zip: BOCA RATON, FL 33431

Title: TRES ( ) Delete  
Name: MCKEOWN, EVAN CFO  
Address: 4850 T-REX AVE., #300  
City-St-Zip: BOCA RATON, FL 33431

Title: SECY ( ) Delete  
Name: SCHUMANN, DENISE ESQ  
Address: 4850 T-REX AVE., #300  
City-St-Zip: BOCA RATON, FL 33431

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TRES (X) Change ( ) Addition  
Name: GARDNER, GREG CFO  
Address: 4850 T-REX AVE., #300  
City-St-Zip: BOCA RATON, FL 33431

Title: SECY (X) Change ( ) Addition  
Name: HOCHMAN, RODGER ESQ  
Address: 4850 T-REX AVE., #300  
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: RODGER HOCHMAN, ESQ.

SECY

04/17/2009

Electronic Signature of Signing Officer or Director

Date