APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

A95000000058

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY 27 PM 2:23

DOCUMENT # A95000000058

1. Name of Limited Partnership
Bone Marrow/Stem Cell Transplant Institute, Ltd.

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
c/o Mary H. Yumibe	3820 State Street	1/10/95
Suite, Apt. #, etc.: 3820 State Street	Suite, Apt. # etc.:	5. FEI Number: 65-0638328 ☐ Applied For ☐ Not Applicable
City & State: Santa Barbara, CA	City & State: Santa Barbara, CA	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip: 93105 Country: USA	Zip: 93105 Country: USA	7. State or Country of Formation: Florida

8a. Capital Contributions as Shown on Record: $49,000.00

8b. Amount of Capital Contributions in FLORIDA to date: $49,000.00

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $68.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent	10. If changed, new registered agent/office
C T Corporation System 1200 S. Pine Island Road Plantation, FL 33324	Name Street Address (P.O. Box Number not acceptable): 900002548163--8 -06/04/98--01037--003 ****946.75 ****946.75 Suite, Apt. #, etc. City: FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Connie Bogan Connie Bogan DATE 5-27-98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Bone Marrow/Stem Cell Transplant Institute of Florida, Inc.	3820 State Street	Santa Barbara, CA 93105	P94000056244

REINSTATEMENT 98

QR CUS 527

CR2E039 (12/97)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Karen S. Rothberg DATE May 20, 1998

Karen S. Rothberg Asst. Secretary
Typed or Printed Name of General Partner Signing Form

Telephone Number 805/563-7075