

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 DEC 23 PM 4:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Name of Limited Partnership BONE MARROW/STEM CELL TRANSPLANT INSTITUTE, LTD.		1a. DOCUMENT # A95000000058			
Mailing Address C/O MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105		Principal Office Address 3820 STATE STREET SANTA BARBARA CA 93105		3. Date Formed or Registered 01/10/1995 3a. Date of Last Report 05/27/1998 4. State or Country of Formation FL 6. FEI Number 65-0638328 7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$49,000.00 5b. Amount of Capital Contributions in FLORIDA to date: ☐ Applied For ☐ Not Applicable	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 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) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) BONE MARROW/STEM CELL TR. IN		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3820 STATE STREET		11b. City, State & Zip Code SANTA BARBARA CA 9310	
				11c. Registration/ Document Number P94000056244 200002751042--7 -01/22/93--01014--008 ****431.75 ****431.75	
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 By <u>Caitlin M. Larsen</u> Bone Marrow/Stem Cell Transplant Institute of Florida, Inc., General Partner Caitlin M. Larsen, ASst. Secretary DATE 12/8/98 Typed or Printed Name of General Partner Signing Form Daytime Telephone Number 805/563-7075					

CR2E003 (9/98)