2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000058

1. Entity Name

BONE MARROW/STEM CELL TRANSPLANT INSTITUTE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 PM 1:09

Principal Place of Business	Mailing Address
3820 STATE STREET SANTA BARBARA CA 93105	C/O MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105-3112

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0638328 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$49,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000056244	STREET ADDRESS	700003219527--5
NAME	BONE MARROW/STEM CELL TR. INST. OF FL.,INC	CITY-ST-ZIP	-04/24/00--01018--028
STREET ADDRESS	3820 STATE STREET		****343.00 ****343.00
CITY-ST-ZIP	SANTA BARBARA CA 93105		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	700003219527--6
STREET ADDRESS			-04/24/00--01018--029
CITY-ST-ZIP			*****88.75 *****88.75
DOCUMENT #	AR - 345.00	STREET ADDRESS	
NAME	AMOUNT 88.75	CITY-ST-ZIP	
STREET ADDRESS	431 75		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] FINANCE REQUIRED Asst. Sec'y of GP 4/11/00 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/99)