

DOCUMENT # N97000004083

1. Entity Name

CELL TRANSPLANT SOCIETY, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90044 045 ****61.25

Principal Place of Business: 1450 NW 10TH AVENUE. ROOM 3061 MIAMI FL 33136
Mailing Address: 1450 NW 10TH AVENUE. ROOM 3061 MIAMI FL 33136-1011

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip
Country

4. FEI Number: 65-0768246
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RICORDI, CAMILLO MD
1450 NW 10TH AVENUE
MIAMI FL 33136

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include SANBERG, PAUL D; COLTON, CLARK D; RICORDI, CAMILLO D; AEBISHER, PATRICK.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row includes Past President.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMILLO RICORDI
Date: 3/17/00
Daytime Phone #: 305 243-6913

CR2E037 (9/99)