

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90102 025 \*\*\*\*61.25

**DOCUMENT # N97000004083**

1. Entity Name

**CELL TRANSPLANT SOCIETY, INC.**

Principal Place of Business

Mailing Address

**1450 NW 10TH AVENUE, ROOM 3061  
 MIAMI FL 33136**

**1450 NW 10TH AVENUE, ROOM 3061  
 MIAMI FL 33136**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

**RICORDI, CAMILLO MD  
 1450 NW 10TH AVENUE  
 MIAMI FL 33136**

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME **PP**  Delete  
**SANBERG, PAUL D**  
 STREET ADDRESS **12901 BRUCE B DOWNS BLVD**  
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **SD**  Delete  
**COLTON, CLARK D**  
 STREET ADDRESS **77 MASSACHUSETTS AVE**  
 CITY-ST-ZIP **CAMBRIDGE MA 02139**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **TD**  Delete  
**RICORDI, CAMILLO D**  
 STREET ADDRESS **1450 N W 10TH AVE ROOM 3061**  
 CITY-ST-ZIP **MIAMI FL 33136**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **PD**  Delete  
**AEBISHER, PATRICK**  
 STREET ADDRESS **CHUV, PAVILLON 3**  
 CITY-ST-ZIP **LAUSANNE SW CH-10-1**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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: \_\_\_\_\_

**SIGNATURE REQUIRED**

**CAMILLO RICORDI 4/23/01 305 243-6913**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

Daytime Phone #

CR2E037 (10/00)