

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90126 017 ****61.25

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DOCUMENT # N97000004083

1. Entity Name
CELL TRANSPLANT SOCIETY, INC.



Principal Place of Business
**1450 NW 10TH AVENUE, ROOM 6030
MIAMI FL 33136**

Mailing Address
**1450 NW 10TH AVENUE, ROOM 6030
MIAMI FL 33136**

0001000J



CHECK HERE IF MAKING CHANGES

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

Zip

Country

Zip

Country

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D COLTON, CLARK D	77 MASSACHUSETTS AVE	CAMBRIDGE MA 02139	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
D RICORDI, CAMILLO D	1450 N W 10TH-AVE ROOM 3061	MIAMI FL 33136	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
D COLLIN, WEBER M.D	1639 PIERCE DR. ROOM 5105	ATLANTA GA 30322	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
SD TREMBLAY, JACQUES PHD	2705 BOUL. LAURIER, STE FOY	P.Q CANADA , GIVE 4GE	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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~~

2/28/03 305 243-6913

CR2E037 (10/02)