

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000028541

**FILED  
Aug 23, 2010  
Secretary of State**

**Entity Name:** TRANSPLANTS, INC.

**Current Principal Place of Business:**

5034 N. NEBRASKA  
TAMPA, FL 33603

**New Principal Place of Business:**

5034 N. NEBRASKA AVE  
TAMPA, FL 33603

**Current Mailing Address:**

5034 N. NEBRASKA  
TAMPA, FL 33603

**New Mailing Address:**

5034 N. NEBRASKA AVE  
TAMPA, FL 33603

**FEI Number:** 65-0739648

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIMBALL, JO  
5034 N. NEBRASKA  
TAMPA, FL 33603 US

**Name and Address of New Registered Agent:**

KIMBALL, JO  
5034 N. NEBRASKA AVE  
TAMPA, FL 33603 US

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

08/23/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: KIMBALL, JO F  
Address: 5034 N. NEBRASKA AVE  
City-St-Zip: TAMPA, FL 33603

Title: V-PR  
Name: KIMBALL, GREGORY H  
Address: 5034 N NEBRASKA AVE  
City-St-Zip: TAMPA, FL 33603

Title: SEC  
Name: BARRERA, LAJUANDA  
Address: 5034 N NEBRASKA AVE  
City-St-Zip: TAMPA, FL 33603

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JO F. KIMBALL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

08/23/2010

\_\_\_\_\_  
Date