

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90035 047 ***558.75

DOCUMENT # F00000004097

1. Entity Name
U.S. TISSUE & CELL, INC.



Principal Place of Business
**2939 VERNON PLACE,
CINCINNATI, OH 45219-2430**

Mailing Address
**2939 VERNON PLACE,
CINCINNATI, OH 45219-2430**

54064904



2. Principal Place of Business
2925 Vernon Place

3. Mailing Address
2925 Vernon Place

Suite, Apt. #, etc.
301

Suite, Apt. #, etc.
301

07082004 Chg-P CR2E034 (10/03)

City & State
Cincinnati, OH

City & State
Cincinnati, OH

4. FEI Number
31-1183763

Applied For
Not Applicable

Zip
45219

Country
USA

Zip
45219

Country
USA

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD WARDEN, GLENN D M.D. 2939 VERNON PLACE, SUITE 300 CINCINNATI, OH 452192430 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KAGAN, RICHARD J M.D. 2939 VERNON PLACE, SUITE 300 CINCINNATI, OH 452192430 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD FISCHER, JOSEF E M.D. 2939 VERNON PLACE, SUITE 300 CINCINNATI, OH 452192430 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EDWARD, ROBB 2939 VERNON PLACE CINCINNATI, OH 45219 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PLESSINGER, RONALD 2939 VERNON PLACE CINCINNATI, OH 45219 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD Glenn Warden, MD 2925 Vernon Place, Suite 301 Cincinnati, OH 45219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Richard J. Kagan, MD 2925 Vernon Place, Suite 301 Cincinnati, OH 45219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD Josef Fischer, MD 2925 Vernon Place, Suite 301 Cincinnati, OH 45219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Katherine A. Evers 2925 Vernon Place, Suite 301 Cincinnati, OH 45219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 607, 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: Katie Evers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/04
Date

513-558-6400
Daytime Phone #