

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000004549

1. Entity Name
CRYO-CELL INTERNATIONAL, INC.



Principal Place of Business
700 BROOKER CREEK BLVD
SUITE 1800
OLDSMAR, FL 34677 US

Mailing Address
700 BROOKER CREEK BLVD
SUITE 1800
OLDSMAR, FL 34677 US



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3023093

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, DARRELL C
101 E. KENNEDY BLVD., STE. 2800
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CHRISTIAN, SCOTT
STREET ADDRESS 700 BROOKE CREEK BLVD, STE 1800
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE EVP
NAME MAASS, GERALD
STREET ADDRESS 700 BROOKER CREEK BLVD, STE 1800
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE D
NAME WALTON, MERCEDES
STREET ADDRESS 700 BROOKER CREEK BLVD, STE 1800
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE D
NAME GOUBRAN, GABY
STREET ADDRESS 700 BROOKER CREEK BLVD, STE 1800
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE D
NAME SHETH, JAG
STREET ADDRESS 700 BROOKER CREEK BLVD, STE 1800
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE CFO
NAME TAYMANS, JILL
STREET ADDRESS 700 BROOKER CREEK BLVD, STE 1800
CITY-ST-ZIP OLDSMAR, FL 34677

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03/01/06-80011-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/06

Date

813-749-2104

Daytime Phone If