

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

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DOCUMENT # K74368		Feb 11, 2002 8:00 am Secretary of State 02-11-2002 90170 033 ***150.00	
1. Entity Name VICEL, INC.			
Principal Place of Business 800 BRICKELL AVENUE, SUITE 1250 MIAMI FL 33131		Mailing Address 800 BRICKELL AVENUE, SUITE 1250 MIAMI FL 33131	
2. Principal Place of Business 444 Brickell Ave		3. Mailing Address 444 Brickell Ave	
Suite, Apt. #, etc. 218		Suite, Apt. #, etc. 218	
City & State Miami FL		City & State Miami FL	
Zip 33131		Zip 33131	
Country		Country	
4. FEI Number 65-0177974		Applied For Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REICHENSTEIN, VICTOR 445 GRAND BAY DRIVE #605 KEY BISCAVNE FL 33149		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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME REICHENSTEIN, VICTOR STREET ADDRESS 445 GRAND BAY DR., #605 CITY-ST-ZIP KEY BISCAVNE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or Block 12 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		Date 1/16/02 Daytime Phone # 305-373-7500	