

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 29 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000000448
THE BONE MARROW TRANSPLANT CENTER AT BAPTIST HOSPITAL OF PENSACOLA, L.C.
200 NEW TOWN CORPORATE CENTER
4491 SO. STATE ROAD 7
FORT LAUDERDALE FL 33314

1a. Principal Place of Business Address

200 NEW TOWN CORPORATE CENTER
4491 SO. STATE ROAD 7
FORT LAUDERDALE FL 33314

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04/18/1996

FL

City & State

City & State

4. FEI Number
65-0745056

☐ Applied For

☐ Not Applicable

APPLIED FOR

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

04/21/1997

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

OLLE, DENNIS J
200 NEW TOWN CORPORATE CENTER
4491 SO. STATE ROAD 7
FORT LAUDERDALE FL 33314

Name

Street Address (P.O. Box Number is Not Acceptable)

300002512063--2

Suite, Apt. #, etc.

-05/05/98--01136--020

******188.75 ****188.75**

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|-------------------------|--------------------------|
| MGRM | AOS OF PENSACOLA, INC. | 4491 SOUTH STATE ROAD 7 | FORT LAUDERDALE FL |
| MGRM | BAPTIST HOSPITAL OF , | 1000 WEST MORENO STREET | PENSACOLA FL |

AL APR 30 1998.

11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Louis W. Boisvert, III
LOUIS W. BOISVERT, III
4/28/98 (904) 321-9055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #