

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # N94000004862 (8)**

1. Corporation Name

**UNIVERSITY OF FLORIDA ORTHOPAEDIC TISSUE BANK, I  
NC.**

Principal Place of Business

Mailing Address

1 PROGRESS BLVD  
ALACHUA FL 32615

1 PROGRESS BLVD  
ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/28/1994** 3a. Date of Last Report

4. FEI Number **59-3280155** Applied For  
Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status  **\$68.75** Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1 Progress Blvd, Box 31

22 City & State

27 Suite, Apt. #, etc.  
28 Gainesville, FL 32615

24 Zip

Country

29 Zip

Country

30 32615

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROOMS, JAMIE M  
1 PROGRESS BLVD  
ALACHUA FL 32615

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME GROOMS, JAMIE M  
STREET ADDRESS 1 PROGRESS BLVD  
CITY - ST - ZIP ALACHUA FL 32615

11 TITLE President/CEO/D  Change  Addition  
12 NAME Grooms, Jamie M.  
13 STREET ADDRESS 1 Progress Blvd, Box 31  
14 CITY - ST - ZIP Alachua, FL 32615

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

21 TITLE Chief Operating Off/Secretary/Treasurer  Change  Addition  
22 NAME Alfred A. Litwak/Acting Chariman of the Board  
23 STREET ADDRESS 1 Progress Blvd, Box 31  
24 CITY - ST - ZIP Alachua, FL 32615

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE D  Change  Addition  
32 NAME Glowczewskie, Frank, Jr. EN-A  
33 STREET ADDRESS Associate In Univ of FL Health Sci Ctr  
34 CITY - ST - ZIP Box 100246, Gainesville, FL 32610-0246

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jamie M. Grooms*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/95  
DATE

904-462-3097  
TELEPHONE NUMBER

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CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N94000004928 (7)**

1. Corporation Name

**THE EARTHLING FOUNDATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
2311 POINSETTA CT PEMBROKE PINES FL 2611 N. HIATUS Rd. Peecker City, Fl. 33026		2011 POINSETTA CT PEMBROKE PINES FL 10221 S.W. 40th St Davie Fl. 33328	
2. Principal Place of Business	2a. Mailing Address	21	26
10221 SW 40 St	10221 SW 40 St		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Davie, FL	Davie, FL		
Zip	Country	24	30
33328	USA	33328	USA

3. Date Incorporated or Qualified	3a. Date of Last Report
10/07/1994	
4. FEI Number	Applied For
65-0539952	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199 U.S. Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FELD, PETER N 629 SW FIRST AVE FT LAUDERDALE FL 33301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	11 TITLE	PVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFI, COMBIZ	12 NAME	Shafi, Combiz
STREET ADDRESS	2311 POINSETTA CT	13 STREET ADDRESS	10221 SW 40 St
CITY - ST - ZIP	PEMBROKE PINES FL 33026	14 CITY - ST - ZIP	Davie, FL 33328
TITLE	D	21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFI, COMBIZ	22 NAME	Shafi, Combiz
STREET ADDRESS	2311 POINSETTA CT	23 STREET ADDRESS	10221 SW 40 St
CITY - ST - ZIP	PEMBROKE PINES FL 33026	24 CITY - ST - ZIP	Davie, FL 33328
TITLE		31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Bruce B. Solomon
STREET ADDRESS		33 STREET ADDRESS	610 N.W. 156th Ave.
CITY - ST - ZIP		34 CITY - ST - ZIP	PEMBROKE PINES 33028
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged or on an attachment with an address.

SIGNATURE: *Combiz Shafa* 6/2/95 305-452-9543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR