

3/24

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90013 013 \*\*\*\*61.25

**DOCUMENT # N97000004083**

1. Entity Name

**CELL TRANSPLANT SOCIETY, INC.**

Principal Place of Business

1450 NW 10TH AVENUE, ROOM 3061  
 MIAMI FL 33136

Mailing Address

1450 NW 10TH AVENUE, ROOM 3061  
 MIAMI FL 33136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Room 6030**

Suite, Apt. #, etc.

**Room 6030**

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0768246**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RICORDI, CAMILLO MD**  
**1450 NW 10TH AVENUE**  
**MIAMI FL 33136**

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 **CAMILLO RICORDI, M.D., Executive Director****3/07/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☒ **Delete**  
 NAME **COLTON, CLARK D**  
 STREET ADDRESS **77 MASSACHUSETTS AVE**  
 CITY-ST-ZIP **CAMBRIDGE MA 02139**

TITLE **TD** ☒ **Delete**  
 NAME **RICORDI, CAMILLO D**  
 STREET ADDRESS **1450 N W 10TH AVE ROOM 3061**  
 CITY-ST-ZIP **MIAMI FL 33136**

TITLE **PD** ☒ **Delete**  
 NAME **AEBISHER, PATRICK**  
 STREET ADDRESS **CHUV, PAVILLON 3**  
 CITY-ST-ZIP **LAUSANNE SW CH-10-1**

TITLE ☐ **Delete**  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ **Delete**  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ **Delete**  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer** ☒ **Change** ☐ **Addition**  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Executive Director** ☒ **Change** ☐ **Addition**  
 NAME **Ricordi, Camillo**  
 STREET ADDRESS **1450 NW 10 Ave., Room 6030**  
 CITY-ST-ZIP

TITLE **President** ☐ **Change** ☒ **Addition**  
 NAME **Collin-Weber, M.D.**  
 STREET ADDRESS **1639 Pierce Dr. Room 5105**  
 CITY-ST-ZIP **Atlanta, GA 30322**

TITLE **Secretary** ☐ **Change** ☒ **Addition**  
 NAME **Jacques Tremblay, Ph.D.**  
 STREET ADDRESS **2705 Boul. Laurier, Ste Foy**  
 CITY-ST-ZIP **P.Q., Canada G1V 4G2**

TITLE ☐ **Change** ☐ **Addition**  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 617, 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:

**CAMILLO RICORDI****3/07/02****305-243-6913**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)