FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90035 040 ***150.00

DOCUMENT # P02000038230

1. Entity Name
CYTOREX BIOSCIENCES, INC

DO NOT WRITE IN THIS SPACE

421611

2. Principal Place of Business	3. Mailing Address
8222 Wiles Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS, FL	City & State
Zip: 33067 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1007796 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CARLOS M. GARCIA

Street Address (P.O. Box Number is Not Acceptable): 8222 Wiles Road

City: CORAL SPRINGS FL Zip Code: 33067

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: [signature], COO (Reg. Office Change) 02/19/02
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, CEO
NAME	DAVID MARINUCCI
STREET ADDRESS	8222 Wiles Road
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	VICE-PRESIDENT, CFO
NAME	WILLIAM JIMENEZ
STREET ADDRESS	8222 Wiles Road
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	SECRETARY
NAME	CARLOS M. GARCIA
STREET ADDRESS	8222 Wiles Road
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	DIRECTOR
NAME	LEWIS POZO
STREET ADDRESS	8222 Wiles Road
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS M. GARCIA [signature] 02/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #