# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**May 03, 2004 8:00 am**
**Secretary of State**

03-24-2004 90023 027 ***150.00

66417897

MOORE CR2E034 (11/03)

DOCUMENT # P03000106612

1. Entity Name

STEM CELL CRYOBANK, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 10301 HAGEN RANCH RD<br>BOYNTON BCH FL 33437 | 10301 HAGEN RANCH RD<br>BOYNTON BCH FL 33437 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 20-0273846 — Applied For / Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| NULAND, CHRISTOPHER L<br>1000 RIVERSIDE AVE STE 115<br>JACKSONVILLE FL 32204 | Name: MAHARAJ, DIPNARINE<br>Street Address (P.O. Box Number is Not Acceptable): 10301 HAGEN RANCH ROAD<br>SUITE 600<br>City: BOYNTON BEACH FL Zip Code: 33437 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Dipnarine Maharaj PRESIDENT (DIPNARINE MAHARAJ) 3/15/04

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE | D ☐ Delete | TITLE | DTS ☐ Change ☒ Addition |
| NAME | MAHARAJ, DIPNARINE | NAME | GOUVEA, JACQUELINE V. |
| STREET ADDRESS | 10301 HAGEN RANCH RD | STREET ADDRESS | 10301 HAGEN RANCH RD |
| CITY-ST-ZIP | BOYNTON BCH FL 33437 | CITY-ST-ZIP | BOYNTON BCH FL 33437 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
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| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 607, 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:** Dipnarine Maharaj PRESIDENT 3/15/04 (561) 752 5522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #