

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094929

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CORD:USE CORD BLOOD BANK, INC.

## Current Principal Place of Business:

1800 PEMBROOK DR.  
SUITE 300  
ORLANDO, FL 32810 US

## New Principal Place of Business:

## Current Mailing Address:

1800 PEMBROOK DR.  
SUITE 300  
ORLANDO, FL 32810 US

## New Mailing Address:

FEI Number: 11-3723078      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ERNST, MICHAEL T  
1627 ELIZABETH'S WALK  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: GUINDI, EDWARD S M.D.  
Address: 2190 TERRACE BLVD.  
City-St-Zip: LONGWOOD, FL 32779 US

Title: CFO ( ) Delete  
Name: ERNST, MICHAEL T  
Address: 1627 ELIZABETH'S WALK  
City-St-Zip: WINTER PARK, FL 32789

Title: DIRE ( ) Delete  
Name: BECHTEL, CAROLYN  
Address: 80 CENTRAL PARK WEST, #10C  
City-St-Zip: NEW YORK, NY 10023 US

Title: DIRE ( ) Delete  
Name: WARREN, JOSEPH III  
Address: 201 S. COLLEGE STREET, SUITE 2300  
City-St-Zip: CHARLOTTE, NC 28244 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIRE ( ) Change (X) Addition  
Name: HALEY, MICHAEL W  
Address: 12121 WEST END  
City-St-Zip: NORTH PALM BEACH, FL 33408 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T. ERNST

CFO

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date