FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000056244 (4)**

1. Corporation Name

BONE MARROW/STEM CELL TRANSPLANT INSTITUTE OF FL ORIDA, INC.

Principal Place of Business	Mailing Address
3401 WEST END AVENUE SUITE 700 NASHVILLE TN 37203	3401 WEST END AVENUE SUITE 700 NASHVILLE TN 37203

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/29/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

4. FEI Number: 65-0513744 ☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301	81 Name: CT Corporation System 82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd. 83 84 City: Plantation FL 85 Zip Code: 33324

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 _____ (NOTE: Registered Agent signature required when marketing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	AMARAL, DONALD J	12 NAME		
STREET ADDRESS	3401 WEST END AVENUE, SUITE 700	13 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37203	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D/C/CEO	☒ Change ☐ Addition
NAME	BURKLOW, BRYAN	22 NAME		
STREET ADDRESS	17300 NW 7TH AVE., SUITE 204	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	PITTS, KEITH B	32 NAME		
STREET ADDRESS	3401 WEST END AVENUE, SUITE 700	33 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37203	34 CITY-ST-ZIP		
TITLE		41 TITLE	AS	☐ Change ☒ Addition
NAME		42 NAME	Karen H. Abbott	
STREET ADDRESS		43 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY-ST-ZIP		44 CITY-ST-ZIP	Nashville, TN 37203	
TITLE		51 TITLE	V/AS	☐ Change ☒ Addition
NAME		52 NAME	Ronald P. Soltman	
STREET ADDRESS		53 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY-ST-ZIP		54 CITY-ST-ZIP	Nashville, TN 37203	
TITLE		61 TITLE	T	☐ Change ☒ Addition
NAME		62 NAME	Russell F. Tomlies	
STREET ADDRESS		63 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY-ST-ZIP		64 CITY-ST-ZIP	Nashville, TN 37203	

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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen H. Abbott Karen H. Abbott 4/20/95 615-383-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0944417 CP