

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000056244 (4)

1. Corporation Name

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

Principal Place of Business

3401 WEST END AVENUE
SUITE 700
NASHVILLE TN 37203

Mailing Address

3401 WEST END AVENUE
SUITE 700
NASHVILLE TN 37203

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 1200

22 City & State

27 City & State:
Nashville, TN

23 Zip

Country

28 Zip

Country

24 25 29 30 37002-1200

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

07/29/1994

3a. Date of Last Report

05/01/1995

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

Printed Registered Agent Signature and title if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME AMARAL, DONALD J
STREET ADDRESS 3401 WEST END AVENUE, SUITE 700
CITY-ST-ZIP NASHVILLE TN 37203 ☒ DELETE

TITLE DCCE
NAME BURKLOW, BRYAN
STREET ADDRESS 17300 NW 7TH AVE., SUITE 204
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE D
NAME PITTS, KEITH B
STREET ADDRESS 3401 WEST END AVENUE, SUITE 700
CITY-ST-ZIP NASHVILLE TN 37203 ☐ DELETE

TITLE AS
NAME ABBOTT, KAREN H
STREET ADDRESS 3401 WEST END AVENUE SUITE 700
CITY-ST-ZIP NASHVILLE TN ☐ DELETE

TITLE VAS
NAME SOLTMAN, RONALD P
STREET ADDRESS 3401 WEST END AVENUE SUITE 700
CITY-ST-ZIP NASHVILLE TN ☐ DELETE

TITLE T
NAME TORRIES, RUSSELL F
STREET ADDRESS 3401 WEST END AVENUE SUITE 700
CITY-ST-ZIP NASHVILLE TN ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

William L. Haugh

Dee
Dominick Bianco

600001767246
-04/02/96--01127--021
***200.00

Russell F. Tonnes

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)(a), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)