FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

APPROVED
AND
FILED

1997 MAR 25 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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 FLORIDA, INC.

Principal Place of Business	Mailing Address
3401 WEST END AVENUE SUITE 700 NASHVILLE TN 37203	PO BOX 1200 NASHVILLE TN 37202

3. Date Incorporated or Qualified: 07/29/1994
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business	2a. Mailing Address
21 3820 State Street	26 c/o Mary H. Yumibe
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 3820 State Street
City & State 23 Santa Barbara, CA	City & State 28 Santa Barbara, CA
Zip / Country 24 93105 / 25 USA	Zip / Country 29 93105 / 30 USA

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83 500002123865--7
03/25/97--01085--012
****165.00 ****165.00

84 City FL

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	HOUGH, WILLIAM L		1.2 NAME	Michael H. Focht, Sr.	
STREET ADDRESS	3401 WEST END AVENUE, SUITE 700		1.3 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	NASHVILLE TN 37203		1.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	DCCE	☒ DELETE	2.1 TITLE	DVS	☐ Change ☒ Addition
NAME	BIANCO, DOMINICK		2.2 NAME	Scott M. Brown	
STREET ADDRESS	17300 NW 7TH AVE., SUITE 204		2.3 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	D	☒ DELETE	3.1 TITLE	VCFO	☐ Change ☒ Addition
NAME	PITTS, KEITH B		3.2 NAME	Trevor Fetter	
STREET ADDRESS	3401 WEST END AVENUE, SUITE 700		3.3 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	NASHVILLE TN 37203		3.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	AS	☒ DELETE	4.1 TITLE	VT	☐ Change ☒ Addition
NAME	ABBOTT, KAREN H		4.2 NAME	Terence P. McMullen	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700		4.3 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	NASHVILLE TN		4.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	VAS	☒ DELETE	5.1 TITLE	AS	☐ Change ☒ Addition
NAME	SOLTMAN, RONALD P		5.2 NAME	Alan Lundgren	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700		5.3 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	NASHVILLE TN		5.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	T	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TONNIES, RUSSELL F		6.2 NAME		
STREET ADDRESS	3401 WEST END AVENUE SUITE 700		6.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		6.4 CITY-ST-ZIP		

LSF 3/25/97

CR2E034 (9/96)

14. I do 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 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: Scott M. Brown Scott M. Brown, Secretary 3/14/97 805/563-7075