FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400056244 (4)

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

Principal Place of Business

3820 STATE STREET SANTA BARBARA CA 93105

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

% MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 80105

FILED

98 MAR -2 PM 1:41

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3.	Date Incorporated or Qualified 07/29/1994	·				
4.	FEI Number			Applied For		
	65-0513744			Not Applicable		
5.	Certificate of Status Desired		\$8.75 Additional Fee Required			
6.	Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees		
8.	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, Yes 3 No					

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324**

Country

82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City	FI	85	Zip Code	

2/25/98

805/563-7075

10, Name and Address of New Registered Agent

Country

Name

30

office or re	egistered agent, or both, in the State of Florida. S m familiar with, and accept the obligations of, Se	luch change was a	authorized by the corporation	n's board of directors. I hereby acces	of the appoint	anging its tment as	registered
SIGNATURE	Signature, typod or printed name of registered agent and title if app	licable. (NOT	F Registored Agent signature required	when reinslating)	DATE		
12.	OFFICERS AND DIRECTOR	RS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	S IN 12
TITLE	P	DELETE	1.1 TITLE			Change	☐ Addition
NAME	FOCHT, MICHAEL H SR.		1.2 NAME				
STREETADDRESS	3820 STATE STREET		1.3 STREET ADDRESS	4000024	420	-	-
CITY OT - ZIP	SANTA BARBARA CA 93105		1.4 CiTY-ST-ZiP	4000024	18OF1	ე 25⊾ე	24-4
TITLE	VSD	☐ DELET E	2.1 THILE	****150			La Laddition
NAME	BROWN, SCOTT M		2.2 NAME			•	
STREET ADDRESS	3820 STATE STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	SANTA BARBARA CA 93105		2. 4 CITY-ST-ZIP				
TITLE	VCFO	DELETE	3.1 TITLE			Change	Addition
NAME	FETTER, TREVOR		3.2 NAME			·	
STREET ADDRESS	3820 STATE STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	SANTA BARBARA CA 93105		3.4. CITY-ST-7IP				
TITLE	VT	DELETE	4.1 TITLE			Change	Addition
NAME	MCMULLEN, TERENCE P		4. 2 NAME				
STREET ADDRESS	3820 STATE STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	SANTA BARBARA CA 93105		4.4 CITY - ST - ZIP				
TITLE	AS	DELE TÉ	5.1 TITLE			Change	Addition
NAME	LUNDGREN, ALAN		5.2 NAME			•	
STREET ADDRESS	3820 STATE STREET		5.3 STREET ADDRESS	_A			
City-ST-ZIP	SANTA BARBARA CA 93105		5.4 CITY - ST - ZIP	\mathcal{A}	0		
TITLE		DELETE	6.1 TITLE	(NAX)	10/10	Change	Addition
NAME			6.2 NAME	(()///	X/\\	·	_
STREET ADDRESS			6.3 STREET ADDRESS	SVI	/\ r		

64 CITY-ST-ZIP 14. 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 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.

🚋 🗀 🗼 Alan Lundgren