

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000056244**

1. Corporation Name

BONE MARROW/STEM CELL TRANSPLANT INSTITUTE OF FLORIDA, INC.

Principal Place of Business

**3820 STATE STREET
SANTA BARBARA CA 93105**

Mailing Address

**% MARY H. YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105**

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 then applicable

(If the Registered Agent is a corporation, attach a separate statement)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	P	[] DELETE
NAME	FOCHT, MICHAEL H SR.	
STREET ADDRESS	3820 STATE STREET	
CITY-STATE-ZIP	SANTA BARBARA CA 93105	
TITLE	VSD	[X] DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	3820 STATE STREET	
CITY-STATE-ZIP	SANTA BARBARA CA 93105	
TITLE	VCFO	[] DELETE
NAME	FETTER, TREVOR	
STREET ADDRESS	3820 STATE STREET	
CITY-STATE-ZIP	SANTA BARBARA CA 93105	
TITLE	VT	[] DELETE
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	3820 STATE STREET	
CITY-STATE-ZIP	SANTA BARBARA CA 93105	
TITLE	AS	[X] DELETE
NAME	LUNDGREN, ALAN	
STREET ADDRESS	3820 STATE STREET	
CITY-STATE-ZIP	SANTA BARBARA CA 93105	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	[] Change [X] Addition
22 NAME	VSD
23 STREET ADDRESS	Richard B. Silver
24 CITY-STATE-ZIP	3820 State Street
31 TITLE	[] Change [] Addition
32 NAME	500002848385 - 2
33 STREET ADDRESS	-04/22/99--01118--009
34 CITY-STATE-ZIP	****150.00 ****150.00
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	[] Change [X] Addition
52 NAME	AS
53 STREET ADDRESS	Caitlin M. Larsen
54 CITY-STATE-ZIP	3820 State Street
61 TITLE	
62 NAME	Santa Barbara, CA 93105
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Caitlin M. Larsen

Caitlin M. Larsen, Asst. Sec., 4/8/99

805/563-7075

99 MAR 16 AM 8:24



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1994

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 owes the current year Intangible
Personal Property Tax [] Yes [X] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)