## DOCUMENT # P94000056244

BONE MARROW/STEM CELL TRANSPLANT INSTITUTE OF FL

Principal Place of Business

Mailing Address

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

SANTA BARBARA CA 93105

2. Principal Place of Business 3. Mailing Address



City & State			
City & State City & State		4. FEI Number 65-0513744	Applied For
			Not Applicable
y Zip	Country		8.75 Additional ee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
	Name		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Street Address (P.O. Box Number is Not Acceptable)	
•			
ē	City	FL	Zip Code
	ress of Current Registered Agent  TEM  ND ROAD	ress of Current Registered Agent  Name  Street Add  City	ress of Current Registered Agent  7. Name and Address of New Registered Ag Name  Street Address (P.O. Box Number is Not Acceptable)

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE STEIGMAN, DONALD S 6000004136956 NAME NAME 500 W. CYPRESS CREEK RD. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP VSD ☐ Delete TITLE SILVER, RICHARD B NAME NAME 3820 STATE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANTA BARBARA CA 93105 CITY-ST-ZIP ☐ Delete TITLE TITLE DENT. DENNIS L NAME NAME 3820 STATE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANTA BARBARA CA 93105 ☐ Delete TITLE TITLE LARSEN, CAITLIN M NAME NAME 3820 STATE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANTA BARBARA CA 93105 CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. Thereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other بالله empowered

SIGNATURE: