BONE MARROW/STEM CELL TRANSPLANT INSTITUTE OF FL ORIDA, INC. 2 APR 12 PH 12: 17 Substant SIRREY SANTA BARRAMA CA 89105 3. Mailing Address Substant SIRREY SANTA BARRAMA CA 89105 3. Mailing Address Substant SIRREY SANTA BARRAMA CA 89105 3. Mailing Address Substant SIRREY SANTA BARRAMA CA 89105 3. Mailing Address Substant SIRREY SANTA BARRAMA CA 89105 3. Mailing Address Substant SIRREY SANTA BARRAMA CA 89105 3. Mailing Address Substant Sirrey Substant S	2002 UNIFURM BUSINESS REPURT (UBR)										
Principal Place of Business 380 STATE STREET SMTA BARRIANA CA 90105 2. Principal Place of Business 380 STATE STREET SMTA BARRIANA CA 90105 2. Principal Place of Business 380 STATE STREET SMTA BARRIANA CA 90105 2. Principal Place of Business 3. Mailing Address 4. FEI Number 5. Country 2. Do NOT Welf E IN IHIS SMACE 4. FEI Number 5. Country 3. Scretificate of Sistaus Desired 3. Set To Address 4. FEI Number 5. Country 5. Country 5. Country 5. Country 5. Country 6. Number and Address of Country 7. Number and Address of New Registered Agent 7. Number and Address of New Registered 7. Numb	10100000										
Surfa, April 4, Fel. 2. Principal Place of Business Suifa, April 4, etc. Suifa, April 4, etc. Suifa, April 4, etc. City & State City & S								FILED			
SANTA BARBARA CA 50105 320 STATE STREET SANTA BARBARA CA 50105 1. Principal Place of Business 2. Principal Place of Business 2. A feeling Address Cry & State Cry & Stat	·		-	· ·							
Suffe, Apr. #, etc. Suite, Apr. #, etc. Suite, Apr. #, etc. Suite, Apr. #, etc. Coy & State Coy & State Country C				3820 STATE STREET SANTA BARBARA CA 93105			SEC TALL	RETARY OF STATE AHASSEE, FLORIDA		A12-1 4-11-1	
Suffe, Apr. #, etc. Suite, Apr. #, etc. Suite, Apr. #, etc. Suite, Apr. #, etc. Coy & State Coy & State Country C											
City & State City & State City & City & State City & Cit	2. Principal F	Place of Busin	ness					1 10 8 11001 110 1911) 919 11 98 111 8011 91 111	#### # ###############################	Oldir eiei itai	
Zip Country Zip Country 5. Certificate of Status Desired St.75 Additional Page Registered Agent St. Certificate of Status Desired St.75 Additional Page Registered Agent St. Certificate of Status Desired St.75 Additional Page Registered Agent St.75 Additional Page Registe	Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS:	3PACE		
S. Certificate of Status Desired S8.75 Additional Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code SIGNATURE Gradient Francisco Indicate In	City & State			City & State			4.	FEI Number 65-0513744			
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Zip Country		Zip	Country		5.		\$8.75 Ad	ditional	
Street Address (P.C. Box Number is Not Acceptable) PLANTATION FL 33324 City FL Zip Code	6. Name and Address of Current Registered Agent										
Steel Address (P.O. Box Number is Not Acceptable)	CT CORPORATION SYSTEM							- W.			
ESIGNATURE SIGNATURE						Street A	eet Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	PLANTAT	ION FL 333	24								
SIGNATURE Signature State of Florida State St						City		FL	Zip Cod	le	
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE NAME STREIANDRISS SUBJECT ADDRESS OW W. CYPRESS CREEK RD. FORT LAUDERDALE FL. 33309 ITIE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P AS ANTA BARBARA CA 93105 TITLE NAME STREET ADDRESS CITY-51-2P AS ANTA BARBARA CA 93105 TITLE NAME STREET ADDRESS CITY-51-2P AS ADDRESS CITY-51-2P AS ADDRESS CITY-51-2P ADDRESS											
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$55.0.0 Make Check Payable to Department of State Trust Fund Contribution \$5.00 May Be Added to Fees											
This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See will be \$550.00 in the state of State on back) This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See will be \$550.00 in the state of State on back) The corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See will be \$550.00 in the state of State on back) The corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See will be \$550.00 in the state of State on back) The corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See will be \$550.00 in the state of State on back) The corporation back) The corporation back) This filling requirement and elects to do so. (See will be \$550.00 in the state of State on back	SIGNATURE.	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signatu	ire required when re	reinstating) DATE			
Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. \$5.00 May Be Added to Fees Adde	9. This corpo	oration is eligi	ible to satisfy its Intangible	T					 		
11.	Tax filing requirement and elects to do so.			After May 1, 2002 Fee will be \$			50.00	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP SANTA BARBARA CA 93105 TITLE AS LARSEN, CAITUN M 3820 STATE STREET SANTA BARBARA CA 93105 TITLE AS LARSEN, CAITUN M 3820 STATE STREET SANTA BARBARA CA 93105 TITLE NAME STREET ADDRESS CITY-ST-ZIP SANTA BARBARA CA 93105 TITLE NAME STREET ADDRESS CITY-ST-ZIP SANTA BARBARA CA 93105 TITLE NAME STREET ADDRESS CITY-ST-ZIP SANTA BARBARA CA 93105 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition Addition AMALE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition Addition AMALE STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition AMALE STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST	<u> </u>	na on back)				epartment		DITIONS (CHANGES TO OFFICERS AND	DIRECTOR	O INL 11	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TOENTS, DENTS,		P	OFFICENS AND D			:]	AL	DDITIONS/CHANGES TO OFFICERS AND			
CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP TITLE NAME SILVER, RICHARD B SILVER, RICHARD S SILVER						·					
TITLE NAME SILVER, RICHARD B SILVER, RICHARD B STREET ADDRESS CITY-ST-ZIP SANTA BARBARA CA 93105 TITLE T DENTI, DENNIS L SANTA BARBARA CA 93105 TITLE NAME DENTI, DENNIS L STREET ADDRESS CITY-ST-ZIP TITLE AS LASSEN, CAITLIN M SAVE STREET ADDRESS CITY-ST-ZIP TITLE NAME LARSEN, CAITLIN M SAVE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP								7000054630)27-	5	
SIRECT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DENT, DENNIS L SARTA BARBARA CA 93105 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AS LARSEN, CAITLIN M STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	VSD		☐ Delete	TITLE			-05/06/02 - 01	1 033 - C	115 Addition	
CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP		SILVER, R	ICHARD B					亦亦亦亦[]ひい。むし	<i>ককক</i> ক1.ጋ	יטיי טני	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				•		- 1					
STREET ADDRESS CITY-ST-ZIP SANTA BARBARA CA 93105 TITLE NAME LARSEN, CAITLIN M 3820 STATE STREET SANTA BARBARA CA 93105 TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	T	,	☐ Delete	TITLE	:			☐ Change	Addition	
CITY-ST-ZIP SANTA BARBARA CA 93105 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP LARSEN, CAITLIN M 3820 STATE STREET SANTA BARBARA CA 93105 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP								1 1 00			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	3							1/0/1/1/			
STREET ADDRESS CITY-ST-ZIP SANTA BARBARA CA 93105 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	AS ·		☐ Delete	TITLE			<u> </u>	☐ Change	Addition .	
CITY-ST-ZIP SANTA BARBARA CA 93105 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP								1 17 1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								, 00			
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE			*****	Change	☐ Addition	
CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP											
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE		· 	Delete	TITLE				☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP									_ •		
					1						
		ertify that the	information supplied with the	nis filing does not qualify for			ed in Section	119.07(3)(i), Florida Statutes. I further cert	ify that the ir	nformation	

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 like empowered.

SIGNATURE:

Caitlin M. Larsen, Asst. Sec. 3/19/02 Caitlin M. Larsen, Asst. Sec.

Date

Daytime Phone #