2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000056244 FILED BONE MARROW/STEM CELL TRANSPLANT INSTITUTE 04 MAR -3 PM 3: 42 OF FLORIDA, INC. SECRETARY : STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3820 STATE STREET SANTA BARBARA, CA 93105 3820 STATE STREET SANTA BARBARA, CA 93105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 01052004 CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 65-0513744 Not Applicable Zip Country Ζp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition STEIGMAN, DONALD S NAME NAME 600029822176 //3/04--01062--001 **17 STREET ADDRESS 500 W. CYPRESS CREEK RD. STREET ADDRESS **17636.25 CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-7IP TITLE VSD XIX Delete TITLE Director/Secretary Change XX+, idition NAME SILVER, RICHARD B NAME Caitlin M. Larsen STREET ADDRESS 3820 STATE STREET STREET ADDRESS 3820 State Street CITY-ST-ZIP SANTA BARBARA, CA 93105 CITY-ST-7IP Santa Barbara, CA 93105 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME DENT, DENNIS L NAME STREET ADDRESS 3820 STATE STREET STREET ADDRESS CITY-ST-ZIP SANTA BARBARA, CA 93105 CITY-ST-ZIP XX Delete TITLE AS TITLE Asst. Secretary ☐ Change **■**Addition NAME LARSEN, CAITLIN M NAME Kristina A. Mack STREET ADDRESS 3820 STATE STREET STREET ADDRESS 3820 State Street CITY-ST-ZIP SANTA BARBARA, CA 93105 CITY-ST-7IP Santa Barbara, CA 93105 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Kristina A. Mack Asst. Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone