

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000056244

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



FILED  
05 APR 28 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O SHERRIE SMITH  
3820 STATE STREET  
SANTA BARBARA, CA 93105

Mailing Address  
C/O SHERRIE SMITH  
3820 STATE STREET  
SANTA BARBARA, CA 93105



2. Principal Place of Business  
13737 Noel Road

3. Mailing Address  
13737 Noel Road

Suite, Apt. #, etc.  
Suite 100

Suite, Apt. #, etc.  
Suite 100

City & State  
Dallas, TX

City & State  
Dallas, TX

01052005 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0513744

Applied For  
Not Applicable

Zip  
75240

Country  
USA

Zip  
75240

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME STEIGMAN, DONALD S ☐ Delete  
STREET ADDRESS 500 W. CYPRESS CREEK RD.  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE SD  
NAME LARSEN, CAITLIN M ☐ Delete  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE T  
NAME DENT, DENNIS L ☐ Delete  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE AS  
NAME MACK, KRISTINA A ☐ Delete  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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.

SIGNATURE:

*Kristina A. Mack*

Kristina A. Mack, Asst. Secretary

3/10/05

805-563-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/05 APR 29 2005