


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
AND
FILED

06 FEB 24 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056244					
1. Entity Name BONE MARROW/STEM CELL TRANSPLANT INSTITUTE OF FLORIDA, INC.					
Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240			Mailing Address 13737 NOEL ROAD STE 100 DALLAS, TX 75240 ATTN: DONNA JARRELL		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0513744 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional 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 PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 <i>Maria Ozaeta</i>			Maria Ozaeta Vice President (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIGMAN, DONALD S		NAME	STEIGMAN, DONALD S.	
STREET ADDRESS	500 W. CYPRESS CREEK RD.		STREET ADDRESS	13737 NOEL RD STE 100	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309		CITY - ST - ZIP	DALLAS TX 75240	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, CAITLIN M		NAME	LARSEN, CAITLIN M.	
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS	13737 NOEL RD STE 100	
CITY - ST - ZIP	SANTA BARBARA, CA 93105		CITY - ST - ZIP	DALLAS TX 75240	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENT, DENNIS L		NAME	SHERMAN, JEFFREY S.	
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS	13737 NOEL RD STE 100	
CITY - ST - ZIP	SANTA BARBARA, CA 93105		CITY - ST - ZIP	DALLAS TX 75240	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, KRISTINA A		NAME	MACK, KRISTINA A.	
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS	13737 NOEL RD STE 100	
CITY - ST - ZIP	SANTA BARBARA, CA 93105		CITY - ST - ZIP	DALLAS TX 75240	
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STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>Caitlin Larsen</i>			Caitlin Larsen 1/26/06 469-893-2701		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



01192006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0513744
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional 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
PLANTATION, FL 33324**

Name

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SIGNATURE

Maria Ozaeta

Maria Ozaeta
Vice President

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, 2006 Fee will be \$550.00

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

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K. Ecker FEB 24 2006