2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# P94000056244

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

Current Principal Place of Business:

13737 NOEL ROAD
STE 100
DALLAS, TX 75240

New Principal Place of Business:

Current Mailing Address:

13737 NOEL ROAD STE. 100
ATTN: DONNA JARRELL
DALLAS, TX 75240

New Mailing Address:

FEI Number: 65-0513744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALEMAN, RALPH
Address: 500 W CYPRESS CREEK RD. #700
City-St-Zip: FT LAUDERDALE, FL 33309

Title: SD ( ) Delete
Name: LARSEN, CAITLIN M
Address: 13737 NOEL ROAD STE 100
City-St-Zip: DALLAS, TX 75240

Title: T ( ) Delete
Name: SHERMAN, JEFFREY S
Address: 13737 NOEL ROAD STE 100
City-St-Zip: DALLAS, TX 75240

Title: AS ( ) Delete
Name: MACK, KRISTINA A
Address: 13737 NOEL ROAD STE 100
City-St-Zip: DALLAS, TX 75240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALEMAN, RALPH
Address: 651 EAST 25TH ST
City-St-Zip: HIALEAH, FL 33013

Title: T (X) Change ( ) Addition
Name: SHERMAN, JEFFREY M
Address: 13737 NOEL ROAD
City-St-Zip: DALLAS, TX 75240

Title: S (X) Change ( ) Addition
Name: MACK, KRISTINA S
Address: 13737 NOEL ROAD
City-St-Zip: DALLAS, TX 75240

Title: D (X) Change ( ) Addition
Name: MACK, KRISTINA A
Address: 13737 NOEL ROAD
City-St-Zip: DALLAS, TX 75240

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTINA MACK S 01/30/2009

Electronic Signature of Signing Officer or Director — Date