**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLOBIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600007160 (0)

UNITED STATES CENTER FOR CORD BLOOD, INC.

## **FILED** May 08 1997 8:00am Secretary of State



•	of Business	=							
270 S. NORTH L ALTAMONTE SPI	LAKE BLVD. RINGS FL 32701	270 S. NORTH LAKE BL ALTAMONTE SPRINGS F							
					3. Date Incorporated or Qualified 01/23/1996	3a. Date	of Last R	leport	
2. Principal Pla	nce of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For	
21 270	S. North Lake By	d 26]		and and instant disease is a province	59-3357540			ot Applicable	
21 270 S. North Lake Byd Sulle, Apl. #, etc. 22 Suite 1012		Suite, Apt. #, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	monte Spgs, FL	City & State			Election Campaign Financing     Trust Fund Contribution			May Be to Fees	
Zip 24 3270	Country	Zip 29	Country 30	y	8. This corporation has liability for i	Yes 🔲	No	. 199.032,	
	9. Name and Address of Current			.,	10. Name and Address of New Re	gistered Aç	jenl		
BRUN	NOEHLER, DWIGHT		81	Name					
270 S. NORTH LAKE BLVD. ALTAMONTE SPRINGS FL 32701			82	82 Street Address (P.O. Box Number is Not Acceptable)					
1-2			83						
			84	City		FL	<b>85</b> Zip	Code	
office or reg	gistered agent, or both, in the State of familiar with, and accept the obligation	of Florida, Such change was	authorized b	y the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	ot the appoi	ntment as	registered	
SIGNATURE _						DATE			
SIGNATURE _	Signature, lyped or printed name of registered agen	of and title if applicable (NC			quired when re-assating)  ADDITIONS/CHANGES TO OFFIC	DATE DERS AND D	DIRECTOI	RS IN 12	
SIGNATURE: 5	Signature, lyped or printed name of registered agen	of and title if applicable (NC	01f : ftogistered Ag	ent signature req	quired when reinstating)	CERS AND D	DIRECTOI		
SIGNATURE 5	Signature, typed or privided name of registered agen OFFICERS AND D P BRUNOEHLER, DWIGHT C	nt and title if applicable (NC D DIRECTORS	DIE: Registered Ag	ent signature req	quired when reassating) ADDITIONS/CHANGES TO OFFIC	CERS AND D			
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I have been used in the minimage of supplied with this mining does not quality for the exemption stated in section 118-07 (5)(f), montal statutes. I further extends the information indicated on this annual report or supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if charged or on an attachment with an address.

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