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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000007160 (0)

1. Corporation Name

UNITED STATES CENTER FOR CORD BLOOD, INC.

Principal Place of Business

270 S. NORTH LAKE BLVD.
ALTAMONTE SPRINGS FL 32701

Mailing Address

270 S. NORTH LAKE BLVD.
ALTAMONTE SPRINGS FL 32701-4335

2. Principal Place of Business

21 270 S. North Lake Blvd.

Suite, Apt. #, etc.

22 Suite 1012

City & State

23 Altamonte Spgs, FL

Zip

24 32701

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

Zip

29

Country

30

3. Date Incorporated or Qualified

01/23/1996

3a. Date of Last Report

4. FEI Number

59-3357540

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

BRUNOEHLER, DWIGHT
270 S. NORTH LAKE BLVD.
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D P
STREET ADDRESS BRUNOEHLER, DWIGHT C
CITY-ST-ZIP 150 NOTTOWAY TRAIL
MAITLAND FL 32751

TITLE ☒ DELETE

NAME D
STREET ADDRESS DORN, JOHNSTAN
CITY-ST-ZIP 330 EVANS DALE RD.
LAKE MARY FL 32746

TITLE ☒ DELETE

NAME D
STREET ADDRESS DIEBEL, N D
CITY-ST-ZIP 1150 VIA LUGANO
WINTER PARK FL 32789

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME DVST
1.3 STREET ADDRESS TRAYNOR, RAY
1.4 CITY-ST-ZIP 12210 OXBOW LN.
WINTER SPRINGS, FL 32708

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 or 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

42896

(47) 834-8333

CR2E034 (9/96)