

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 31 AM 9:06

DOCUMENT # 763088 (2)
1. Corporation Name
LIFELINK FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2111 SWANN AVENUE TAMPA FL 33606 **2111 SWANN AVENUE TAMPA FL 33606**

3. Date Incorporated or Qualified **05/03/1982** 3a. Date of Last Report **02/02/1994**
4. FEI Number **59-2193032** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SHIRES, DANA L., JR.
2111 SWANN AVENUE
TAMPA FL 33606**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SHIRES, DANA L., JR.
STREET ADDRESS	2111 SWANN AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	ACKERMANN, JOHN R.
STREET ADDRESS	2302 SWANN AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	STD
NAME	KAHANA, LAWRENCE, M.D.
STREET ADDRESS	2111 SWANN AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	DE QUESADA, ALEJANDRO M.
STREET ADDRESS	2111 SWANN AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	DS
NAME	LOWANCE, DAVID C.
STREET ADDRESS	3715 NORTHSIDE PWY 100NC
CITY - ST - ZIP	ATLANTA GA
TITLE	D
NAME	LEFOR, WILLIAM M., PH.D.
STREET ADDRESS	2111 SWANN AVENUE
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dana L. Shires, Jr.* DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

763088

LIFELINK FOUNDATION, INC.
OFFICERS AND DIRECTORS

DANA L. SHIRES, JR. M.D. PRESIDENT/CHAIRMAN	2111 SWANN AVE. TAMPA, FLORIDA 33606
JOHN D. WHELCHER, M.D. EMORY UNIVERSITY	1364 CLIFTON RD. N.E. SUITE H-124 ATLANTA, GEORGIA 30322
JOHN R. ACKERMANN, M.D.	2111 SWANN AVE. TAMPA, FLORIDA 33606
LARRY CAREY, M.D.	HARBORSIDE MEDICAL TOWERS 4 COLUMBIA DR. SUITE 430 TAMPA, FLORIDA 33606
MS. ANA CRESPO	4221 AZEELE ST. TAMPA, FLORIDA 33609
A.M. DE QUESADA, M.D.	2111 SWANN AVE. TAMPA, FLORIDA 33606
MARY ANN FITZPATRICK, B.A. EMPLOYEE REPRESENTATIVE	3715 NORTHSIDE PARKWAY BLDG. 100 SUITE 300 ATLANTA, GEORGIA 30327
SENATOR PAT FRANK	8251/2 BAYSHORE BLVD. TAMPA, FLORIDA 33606
ALBERT L. GALLOWAY, M.DIV.	2111 SWANN AVE. TAMPA, FLORIDA 33606
DENNIS F. HEINRICH, B.A., BSN VICE PRESIDENT	2111 SWANN AVE. TAMPA, FLORIDA 33606
MARJORIE HUNTER, J.D. CENTER FOR DISEASE CONTROL	1600 CLIFTON ROAD MAIL STOP E-67 ATLANTA, GEORGIA 30333
LAWRENCE KAHANA, M.D. MEMBER EMERITUS	2111 SWANN AVE. TAMPA, FLORIDA 33606
WILIAM M. LEFOR, M.D.	2111 SWANN AVE. TAMPA, FLORIDA 33606
DAVID C. LOWANCE, M.D.	PIEDMONT PROF. BLDG. 35 COLLIER RD. #610 ATLANTA, GEORGIA 30367
LUIS A. MORALES OTERO, M.D. EX-OFFICIO HOSPITAL AUXILIO MUTO	APARTADO 1227 HATO REY, PUERTO RICO 00919-1227
JOHN F. NEYLAN, M.D. EMORY CLINIC-NEPHROLOGY	1365 CLIFTON ROAD, N.E. ATLANTA, GEORGIA 30322
WILLIAM W. PFAFF, M.D. UNIVERSITY OF FLORIDA	SHANDS TEACHING HOSPITAL J-286 GAINESVILLE, FLORIDA 32611
JAMES URBANSKI	2915 HAWTHORNE ROAD TAMPA, FLORIDA 33611
DEBORAH WINEGARD, J.D. A.T.&T.	1200 PEACHTREE ST. PROMENADE 1 ROOM 5122 ATLANTA, GEORGIA 30309
JAMES J. WYNN, M.D. MEDICAL COLLEGE OF GEORGIA	1120 15TH ST BAN 532 AUGUSTA, GEORGIA 30912-4090
JOEL T. VAN SICKLER, M.D. EX-OFFICIO	ASSOCIATES IN NEPHROLOGY 1380 ROYAL (ALM SQUARE BLVD. FT. MAORIS, FLORIDA 33919
JOHN E. STOCKMAN, CPA TREASURER	2111 SWANN AVE. TAMPA, FLORIDA 33606
JOHN R. CAMPBELL, B.H.S., P.A., J.D. SECRETARY	2111 SWANN AVE. TAMPA, FLORIDA 33606