


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business 2111 SWANN AVENUE TAMPA FL 33606	Mailing Address 2111 SWANN AVENUE TAMPA FL 33606-2423
--	---

3. Date Incorporated or Qualified 05/03/1982	3a. Date of Last Report 03/26/1996
4. FEI Number 59-2193032	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	SHIRES, DANA L., JR.	
STREET ADDRESS	2111 SWANN AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ACKERMANN, JOHN R.	
STREET ADDRESS	2302 SWANN AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KAHANA, LAWRENCE, M.D.	
STREET ADDRESS	2111 SWANN AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE QUESADA, ALEJANDO M.	
STREET ADDRESS	2111 SWANN AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LOWANCE, DAVID C.	
STREET ADDRESS	3715 NORTHSIDE PWY 100NC	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D. (member emeritus)
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE _____

CP2E037 (9/96)

LIFELINK FOUNDATION, INC.
 BOARD OF GOVERNORS
 1996 - 1997

GOVERNOR	ADDRESS	PROFESSION
DANA L. SHIRES, M.D., CHAIRMAN/CE.O.	2111 W. SWANN AVENUE TAMPA, FLORIDA 33606	TRANSPLANT NEPHROLOGIST
JOHN D. WHELCHER, M.D.	EMORY UNIVERSITY HOSPITAL 1364 CLIFTON ROAD, N.E., SUITE H-124 ATLANTA, GEORGIA 30322	EMORY UNIVERSITY TRANSPLANT SURGEON
LAWRENCE KAHANA, M.D. (MEMBER EMERITUS)	2111 W. SWANN AVENUE TAMPA, FLORIDA 33606	TRANSPLANT NEPHROLOGIST
JOHN R. ACKERMANN, M.D.	2302 SWANN AVENUE TAMPA, FLORIDA 33609	TRANSPLANT SURGEON (RETIRED)
LARRY CAREY, M.D.	HARBORSIDE MEDICAL TOWERS 4 COLUMBIA DRIVE, SUITE 430 TAMPA, FLORIDA 33606	UNIVERSITY OF SOUTH FLORIDA CHAIRMAN, DEPT. OF SURGERY
MS. ANA CRESPO	4221 AZEELLE STREET TAMPA, FLORIDA 33609	REALTOR
A.M. DE QUESADA, M.D.	2111 W. SWANN AVENUE TAMPA, FLORIDA 33606	TRANSPLANT NEPHROLOGIST
SENATOR PAT FRANK	825 1/2 BAYSHORE BLVD. TAMPA, FLORIDA 33606	FORMER FLORIDA STATE SENATOR
HARRY J. FREE, M.D.	MORTON PLANT MEASE PRIMARY CARE PHYSICIANS 1251 LAKEVIEW ROAD CLEARWATER, FLORIDA 34616	NEPHROLOGIST
REV. ALBERT L. GALLOWAY, M.DIV.	2111 W. SWANN AVENUE TAMPA, FLORIDA 33606	MINISTER
DENNIS F. HEINRICHS, B.S.N., MBA PRESIDENT/C.O.O.	2111 W. SWANN AVENUE TAMPA, FLORIDA 33606	ADMINISTRATOR

GOVERNOR	ADDRESS	PROFESSION
THOMAS C. PEARSON, M.D., PH.D.	EMORY UNIVERSITY TRANSPLANTATION IMMUNOLOGY SUITE 5105, WMB 1630 PIERCE DRIVE ATLANTA, GA 30322	SURGEON
WILLIAM M. LEFOR, PH.D.	2111 W. SWANN AVENUE TAMPA, FLORIDA 33606	TRANSPLANT IMMUNOLOGIST
DAVID C. LOWANCE, M.D.	PIEDMONT PROFESSIONAL BUILDING 35 COLLIER ROAD, #610 ATLANTA, GEORGIA 30367	PIEDMONT HOSPITAL TRANSPLANT NEPHROLOGIST
WADE MITCHELL	507 ARDEN-AT-ARGONNE, N.W. ATLANTA, GEORGIA 30305	RETIRED BANKER
JOHN F. NEYLAN, M.D.	EMORY CLINIC - NEPHROLOGY 1365 CLIFTON ROAD, N.E. ATLANTA, GEORGIA 30322	TRANSPLANT NEPHROLOGIST
WILLIAM W. PEAF, M.D.	UNIVERSITY OF FLORIDA SHANDS TEACHING HOSPITAL/J-286 GAINESVILLE, FLORIDA 32611	UNIVERSITY OF FLORIDA TRANSPLANT SURGEON
MR. JAMES URBANSKI	2915 HAWTHORNE ROAD TAMPA, FLORIDA 33611	TAMPA TRIBUNE EDITOR (RETIRED)
DEBORAH WINEGARD, J.D.	A. T. & T. 1200 PEACHTREE STREET PROMENADE 1, ROOM 5122 ATLANTA, GEORGIA 30309	SENIOR ATTORNEY A.T.&T
MARJORIE HUNTER, J.D.	CENTER FOR DISEASE CONTROL 1600 CLIFTON ROAD MAIL STOP E-67 ATLANTA, GEORGIA 30333	ATTORNEY/TRANSPLANT RECIPIENT
JAMES J. WYNN, M.D.	MEDICAL COLLEGE OF GEORGIA 1120 15TH STREET BAN - 532 AUGUSTA, GEORGIA 30912-4090	MEDICAL COLLEGE OF GEORGIA TRANSPLANT SURGEON
JOEL T. VAN SICKLER, M.D. (EX OFFICIO)	ASSOCIATES IN NEPHROLOGY 1390 ROYAL PALM SQUARE BLVD. FT. MYERS, FLORIDA 33919	S.W. FLORIDA REGIONAL MEDICAL CENTER TRANSPLANT NEPHROLOGIST

GOVERNOR	ADDRESS	PROFESSION
LUIS A. MORALES OTERO, M.D. (EX OFFICIO)	HOSPITAL AUXILIO MUTUO APARTADO 1227 HATO REY, PUERTO RICO 00919	TRANSPLANT SURGEON
LEIGH ANN ALEXANDER (EMPLOYEE REPRESENTATIVE)	LIFELINK TISSUE BANK 8516 SUNSTATE STREET TAMPA, FLORIDA 33634	LABORATORY MANAGER/ QUALITY ASSURANCE
JOHN STOCKMAN TREASURER (NOT A GOVERNOR)	LIFELINK FOUNDATION 2111 SWANN AVENUE TAMPA, FLORIDA 33606	SR. V.P./CHIEF FINANCIAL OFFICER
JOHN R. CAMPBELL SECRETARY (NOT A GOVERNOR)	LIFELINK FOUNDATION 2111 SWANN AVENUE TAMPA, FLORIDA 33606	SR. V.P./GENERAL COUNSEL

Regular board meetings are held three times per year with rotating sites selected annually.