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FILED  
Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763088** (2)

1. Corporation Name

**LIFELINK FOUNDATION, INC.**

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**

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.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHIRES, DANA L., JR.  
2111 SWANN AVENUE  
TAMPA FL 33606**

**81** Name

**CAMPBELL, JOHN R.**

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

**2111 Swann Avenue**

**83**

**84** City

**Tampa**

**FL**

**85** Zip Code

**33606**

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 **John R. Campbell, Secretary**

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

(NOTE: Registered Agent signature required when instituting)

**2/3/98**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>CEO</b>	<input type="checkbox"/> DELETE
NAME	<b>SHIRES, DANA L., JR.</b>	
STREET ADDRESS	<b>2111 SWANN AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ACKERMANN, JOHN R.</b>	
STREET ADDRESS	<b>2302 SWANN AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KAHANA, LAWRENCE, M.D.</b>	
STREET ADDRESS	<b>2111 SWANN AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DE QUESADA, ALEJANDO M.</b>	
STREET ADDRESS	<b>2111 SWANN AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>LOWANCE, DAVID C.</b>	
STREET ADDRESS	<b>3715 NORTHSIDE PWY 100NC</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEFOR, WILLIAM M., PH.D.</b>	
STREET ADDRESS	<b>2111 SWANN AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 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: **William M. LeFor, Ph.D.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0048285**

CR2E037 (10/97)