1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 763088**

1. Corporation Name

LIFELINK FOUNDATION, INC.

Princ	ipal Plac	e of	Busine
2111	<b>SWANN</b>	AVE	NUE

TAMPA FL 33606

Mailing Address

2111 SWANN AVENUE TAMPA FL 33606

## **FILED** Mar 03, 1999 8:00 am § Secretary of State

03-03-1999 90107 006 \*\*\*\*70.00



2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			3. Date Incorporated or Qualifed		•			
21		26				05/03/1982					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number			plied For		
22		27				59-2193032			t Applicable		
City & Stat	6	City & State				5. Certificate of Status Desired	₽x	\$8.75 A			
23		[28]				<u> </u>					
Zip —¬	Country	Zip	Coun	itry		6. Election Campaign Financing		\$5.00 Added 1	•		
24 25 29 9. Name and Address of Current Registered Ag			30		<del></del>	Trust Fund Contribution  10. Name and Address of New R	Penistered		(U 1 662		
	5. Name and Address of Current	Kedizralan Malir		81	Name	Name and Addition of Non-	togistorou .	184111	_		
	=										
CAMPBELL, JOHN R.				82 3	Street Addr	eet Address (P.O. Box Number is Not Acceptable)					
2111 SWANN AVENUE			}	83							
tampa fi	L 33606		L								
				84 (	City		FL	85 Zip (	Code		
11. Purguant	to the provisions of Sections 617.0502	and 617 1508 Florida St	atutes, the ab	ove-n	named corp	oration submits this statement for the	purpose of	changing its	registered		
office or r	egistered agent, or both, in the State of	of Florida. Such change wa	as authorized	by the	e corporation	on's board of directors. I hereby accep	t the appoir	ntment as re	gistered		
agent. I a	m familiar with, and accept the obligati	ions of, Section 617.0503,	, Florida Statu	les.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if annicable	NOTE: Registered A	Agent 6	onature require	d when reinstating)	DATE				
12.	OFFICERS AND		13.	•		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12		
TITLE	CEOD	☐ DELETE	1,1 1/11	Æ				☐ Change	☐ Addition		
NAME	SHIRES, DANA L., JR.		1.2 NA	Æ							
STREET ADDRESS	2111 SWANN AVENUE		1.3 STF	REETAD	ODRESS						
CITY-ST-ZIP	TAMPA FL		1,4 CIT	Y-ST-Z	mP						
TITLE	D	, DELETI			т			Change	Addition		
NAME	ACKERMANN, JOHN R.	•••	2.2 NA	ΛE	Jo	ohn E. Stockman,	CPA				
STREET ADDRESS	2302 SWANN AVENUE		2.3 STF	REETAD	DORESS 60	1 Bayshore Blvd.	, Sui	te 60	0		
CITY-ST-ZIP	TAMPA FL		2. 4 CIT	Y- ST-2	- 1	mpa, FL 33606					
TITLE	D	☐ DELETI	3.1 TITL	.E				Change	Addition		
NAME.	KAHANA, LAWRENCE, M.D.		3.2 NA	Æ							
STREET ADDRESS	A		3.3 STF	REETAL	DDRESS						
CITY+ST-ZIP	TAMPA FL		3.4. CIT	Y-ST-Z	ZIP						
TITLE	D	☐ DELETI	E 4.1 TITE	E	D			√ Change	☐ Addition		
NAME	DE QUESADA, ALEJANDO M.		4. 2 NA	ME	A 1	lejandro deQuesad	la, M.	D.			
STREET ADDRESS	2111 SWANN AVENUE		4.3 STF	REETAL		01 Bayshore Blvd.	-	-			
CITY-ST-ZIP	TAMPA FL			Y-ST-Z		ampa, FL 33606					
TITLE	DS	☐ DELETI						Change	Addition		
NAME	LOWANCE, DAVID C.		5.2 NAI								
STREET ADDRESS	3715 NORTHSIDE PWY 100NC				DORESS						
CITY-ST-ZIP	ATLANTA GA			Y-ST-Z	IP			- <u> </u>			
TITLE	D	☐ DELETI						Change	☐ Addition		
NAME	LEFOR, WILLIAM M., PH.D.		6.2 NA		ĺ			•			
STREET ADDRESS	2111 SWANN AVENUE		6.3 STF	REET AL	DDRESS	•					
CITY-ST-7ID	TAMPA FI		6.4 CIT	Y-ST-Z	ZIP						

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

2/9/99

(813) 258-6515

Daytime Phone #