

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90070 047 ****70.00

DOCUMENT # 763088

1. Entity Name

LIFELINK FOUNDATION, INC.

Principal Place of Business

Mailing Address

2111 SWANN AVENUE
 TAMPA FL 33606

2111 SWANN AVENUE
 TAMPA FL 33606-2423



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

409 Bayshore Blvd.

3. Mailing Address

409 Bayshore Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-2193032

Applied For

Not Applicable

Zip

Country

33606 USA

Zip

Country

33606 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, JOHN R.
 2111 SWANN AVENUE
 TAMPA FL 33606

Name

Campbell, John R.

Street Address (P.O. Box Numbers Not Acceptable)

409 Bayshore Blvd.

City

Tampa

FL

Zip Code

33606

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CEO	<input type="checkbox"/> Delete
NAME	SHIRES, DANA L., JR.	
STREET ADDRESS	2111 SWANN AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	STOCKMAN, JOHN E	
STREET ADDRESS	601 BAYSHORE BLVD., SUITE 600	
CITY-ST-ZIP	TAMPA FL 3606	
TITLE	D	<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	601 BAYSHORE BLVD., SUITE 600	
CITY-ST-ZIP	TAMPA FL 33606	
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	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>409 Bayshore Blvd</i>	
CITY-ST-ZIP	<i>Tampa FL 33606</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>409 Bayshore Blvd</i>	
CITY-ST-ZIP	<i>Tampa FL 33606</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>409 Bayshore Blvd</i>	
CITY-ST-ZIP	<i>Tampa FL 33606</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>409 Bayshore Blvd</i>	
CITY-ST-ZIP	<i>Tampa FL 33606</i>	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Bryan McDonald

Bryan McDonald VP Controller

4/26/00 258-6515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)