

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90112 044 ****61.25

DOCUMENT # 763088

1. Entity Name

LIFELINK FOUNDATION, INC.

Principal Place of Business

**409 BAYSHORE BLVD
 TAMPA FL 33606**

Mailing Address

**409 BAYSHORE BLVD
 TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2193032

Applied For

Not Applicable

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.
 409 BAYSHORE BLVD
 TAMPA FL 33606**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 NAME STREET ADDRESS CITY-ST-ZIP	CEO SHIRES, DANA L., JR. 409 BAYSHORE BLVD TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOCKMAN, JOHN E 601 BAYSHORE BLVD., SUITE 600 TAMPA FL 3606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHANA, LAWRENCE, M.D. 409 BAYSHORE BLVD TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE QUESADA, ALEJANDO M. 601 BAYSHORE BLVD., SUITE 600 TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOWANCE, DAVID C. 3715 NORTHSIDE PWY 100NC ATLANTA GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFOR, WILLIAM M., PH.D. 409 BAYSHORE BLVD TAMPA FL 33606	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P Dennis F. Heinrichs 409 Bayshore Blvd. Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S John R. Campbell 409 Bayshore Blvd. Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **John R. Campbell M.D. 8/27/2002 813-253-2640**

CR2E037 (4/02)



DO NOT WRITE IN THIS SPACE

All attached

LAW OFFICES
THOMAS P. McNAMARA, P. A.
2909 BAY TO BAY BOULEVARD
SUITE 309
TAMPA, FLORIDA 33629

1763088
124705

THOMAS P. McNAMARA

(813) 837-0727
FAX (813) 837-1532
E-MAIL
tmcnamara@tampa.com

August 30, 2002

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: LifeLink Foundation, Inc.

Dear Madam or Sir:

On behalf of our client, LifeLink Foundation, Inc., we are enclosing the 2002 Uniform Business Report. We are also enclosing a check in the amount of \$61.25 to cover the fee for filing.

If you have any questions, please give us a call.

Sincerely,

Gina M. Harber
Gina M. Harber
Legal Assistant

/gmh

Enclosures

lifegen/cor/sos-annrep02