
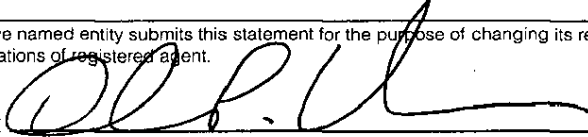


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90259 019 \*\*\*\*61.25

<b>DOCUMENT # 763088</b>			
1. Entity Name <b>LIFELINK FOUNDATION, INC.</b>			
Principal Place of Business <b>409 BAYSHORE BLVD TAMPA FL 33606</b>		Mailing Address <b>409 BAYSHORE BLVD TAMPA FL 33606</b>	
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 <b>59-2193032</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CAMPBELL, JOHN R. 409 BAYSHORE BLVD TAMPA FL 33606</b>		Name <b>Thomas P. McNamara</b> Street Address (P.O. Box Number is Not Acceptable) <b>2909 Bay to Bay Blvd.</b> <b>Suite 309</b> <b>Tampa FL 33629</b>	
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 		DATE <b>4/22/03</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	



CHECK HERE IF MAKING CHANGES

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO SHIRES, DANA L, JR. 409 BAYSHORE BLVD TAMPA FL 33606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T STOCKMAN, JOHN E 601 BAYSHORE BLVD., SUITE 600 TAMPA FL 3606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KAHANA, LAWRENCE, M.D. 409 BAYSHORE BLVD TAMPA FL 33606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DE QUESADA, ALEJANDO M. 601 BAYSHORE BLVD., SUITE 600 TAMPA FL 33606</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS LOWANCE, DAVID C. 3715 NORTHSIDE PWY 100NC ATLANTA GA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEFOR, WILLIAM M., PH.D. 409 BAYSHORE BLVD TAMPA FL 33606</b> <input type="checkbox"/> Delete	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:  **4/22/03 813-253-2640**

CR2E037 (10/02)

90104833

ATTACHMENT  
763088

**Attachment to UBR for:**

LifeLink Foundation, Inc.  
Document # 763088

Block 11:

Title - D, P Addition  
Name - Heinrichs, Dennis F.  
Add. - 409 Bayshore Blvd.  
Tampa, FL 33606

Title - S Addition  
Name - ~~D'Aquila, Linda~~  
Add. - 409 Bayshore Blvd.  
Tampa, FL 33606

Title - D Addition  
Name - Bowers, M.D., Victor D.  
Add. - 409 Bayshore Blvd.  
Tampa, FL 33606