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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26 1996 8:00 am
Secretary of State

DOCUMENT # **763088** (2)

1. Corporation Name

LIFELINK FOUNDATION, INC.

Principal Place of Business

**2111 SWANN AVENUE
TAMPA FL 33606**

Mailing Address

**2111 SWANN AVENUE
TAMPA FL 33606**



3. Date Incorporated or Qualified
05/03/1982

3a. Date of Last Report
05/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2193032

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ 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

82

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

83

84

City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SHIRES, DANA L., JR.**
STREET ADDRESS **2111 SWANN AVENUE**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **Chairman of the Board** ☐ Change ☐ Addition
1.2 NAME **C.E.O., D.**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ACKERMANN, JOHN R.**
STREET ADDRESS **2302 SWANN AVENUE**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **KAHANA, LAWRENCE, M.D.**
STREET ADDRESS **2111 SWANN AVENUE**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DE QUESADA, ALEJANDO M.**
STREET ADDRESS **2111 SWANN AVENUE**
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE
NAME **LOWANCE, DAVID C.**
STREET ADDRESS **3715 NORTHSIDE PWY 100NC**
CITY-ST-ZIP **ATLANTA GA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **LEFOR, WILLIAM M., PH.D.**
STREET ADDRESS **2111 SWANN AVENUE**
CITY-ST-ZIP **TAMPA FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

see attached

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 813-253-2640
Date Daytime Phone #

CR2E037 (12/95)

LIFELINK FOUNDATION, INC.
BOARD OF GOVERNORS
1995 - 1996

GOVERNOR	ADDRESS	PROFESSION
DANA L. SHIRES, JR., M.D., CHAIRMAN/C.E.O.	2111 W. SWANN AVENUE TAMPA, FLORIDA 33606	TRANSPLANT NEPHROLOGIST
JOHN D. WHELCHIEL, M.D.	EMORY UNIVERSITY HOSPITAL 1364 CLIFTON ROAD, N.E., SUITE H-124 ATLANTA, GEORGIA 30322	EMORY UNIVERSITY TRANSPLANT SURGEON
LAWRENCE KAHANA, M.D. (MEMBER EMERITUS)	2111 W. SWANN AVENUE TAMPA, FLORIDA 33606	TRANSPLANT NEPHROLOGIST
JOHN R. ACKERMANN, M.D.	2302 SWANN AVENUE TAMPA, FLORIDA 33609	TRANSPLANT SURGEON (RETIRED)
LARRY CAREY, M.D.	HARBORSIDE MEDICAL TOWERS 4 COLUMBIA DRIVE, SUITE 430 TAMPA, FLORIDA 33606	UNIVERSITY OF SOUTH FLORIDA CHAIRMAN, DEPT. OF SURGERY
MS. ANA CRESPO	4221 AZEELE STREET TAMPA, FLORIDA 33609	REALTOR
A.M. DE QUESADA, M.D.	2111 W. SWANN AVENUE TAMPA, FLORIDA 33606	TRANSPLANT NEPHROLOGIST
SENATOR PAT FRANK	825½ BAYSHORE BLVD. TAMPA, FLORIDA 33606	FORMER FLORIDA STATE SENATOR
REV. ALBERT L. GALLOWAY, M.DIV.	2111 W. SWANN AVENUE TAMPA, FLORIDA 33606	MINISTER
DENNIS F. HEINRICH, B.A., BSN PRESIDENT/C.O.O.	2111 W. SWANN AVENUE TAMPA, FLORIDA 33606	ADMINISTRATOR
WILLIAM M. LEFOR, PH.D.	2111 W. SWANN AVENUE TAMPA, FLORIDA 33606	IMMUNOLOGIST
DAVID C. LOWANCE, M.D.	PIEDMONT PROFESSIONAL BUILDING 35 COLLIER ROAD, #610 ATLANTA, GEORGIA 30367	PIEDMONT HOSPITAL TRANSPLANT NEPHROLOGIST

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GOVERNOR	ADDRESS	PROFESSION
WADE MITCHELL	507 ARDEN-AT-ARGONNE, N.W. ATLANTA, GEORGIA 30305	RETIRED BANKER
JOHN F. NEYLAN, M.D.	EMORY CLINIC - NEPHROLOGY 1365 CLIFTON ROAD, N.E. ATLANTA, GEORGIA 30322	TRANSPLANT NEPHROLOGIST
WILLIAM W. PEAFF, M.D.	UNIVERSITY OF FLORIDA SHANDS TEACHING HOSPITAL/J-286 GAINESVILLE, FLORIDA 32611	UNIVERSITY OF FLORIDA TRANSPLANT SURGEON
MR. JAMES URBANSKI	2915 HAWTHORNE ROAD TAMPA, FLORIDA 33611	NEWSPAPER EDITOR (RETIRED)
DEBORAH WINEGARD, J.D.	A.T. & T. 1200 PEACHTREE STREET PROMENADE 1, ROOM 5122 ATLANTA, GEORGIA 30309	SENIOR ATTORNEY A.T. & T
MARJORIE HUNTER, J.D.	CENTER FOR DISEASE CONTROL 1600 CLIFTON ROAD MAIL STOP E-67 ATLANTA, GEORGIA 30333	ATTORNEY/TRANSPLANT RECIPIENT
JAMES J. WYNN, M.D.	MEDICAL COLLEGE OF GEORGIA 1120 15TH STREET BAN - 532 AUGUSTA, GEORGIA 30912-4090	MEDICAL COLLEGE OF GEORGIA TRANSPLANT SURGEON
JOEL T. VAN SICKLER, M.D. (EX OFFICIO)	ASSOCIATES IN NEPHROLOGY 1380 ROYAL PALM SQUARE BLVD. FT. MYERS, FLORIDA 33919	S.W. FLORIDA REGIONAL MEDICAL CENTER TRANSPLANT NEPHROLOGIST
LUIS A. MORALES OTERO, M.D. (EX OFFICIO)	HOSPITAL AUXILIO MUTUO APARTADO 1227 HATO REY, PUERTO RICO 00919	TRANSPLANT SURGEON
MS. MARY-ANN FITZPATRICK (EMPLOYEE REPRESENTATIVE)	LIFELINK OF GEORGIA 3715 NORTHSIDE PARKWAY BUILDING 100, SUITE 300 ATLANTA, GEORGIA 30327	ADMINISTRATIVE MANAGER
JOHN STOCKMAN TREASURER (NOT A GOVERNOR)	LIFELINK FOUNDATION 2111 SWANN AVENUE TAMPA, FLORIDA 33606	SR. V.P./CHIEF FINANCIAL OFFICER

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GOVERNOR	ADDRESS	PROFESSION
JOHN R. CAMPBELL SECRETARY (NOT A GOVERNOR)	LIFELINK FOUNDATION 2111 SWANN AVENUE TAMPA, FLORIDA 33606	SR V.P./GENERAL COUNSEL

Regular board meetings are held three times per year with rotating sites selected annually. The meetings are usually held during the months of March, August, and November. The Annual Meeting is held in November.