

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 763088

**Entity Name:** LIFELINK FOUNDATION, INC.

**Current Principal Place of Business:**

9661 DELANEY CREEK BLVD.  
TAMPA, FL 33619

**Current Mailing Address:**

2907 BAY TO BAY BLVD  
SUITE 201  
TAMPA, FL 33629

**FEI Number:** 59-2193032

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCNAMARA, THOMAS P  
2907 BAY TO BAY BLVD  
SUITE 201  
TAMPA, FL 33629 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR  
Name SHIRES, DANA LJR, MD  
Address 9661 DELANEY CREEK BLVD.  
City-State-Zip: TAMPA FL 33619

Title T  
Name MCDONALD, BRYAN C  
Address 9661 DELANEY CREEK BLVD.  
City-State-Zip: TAMPA FL 33619

Title SECRETARY  
Name EIDE, SAMANTHA  
Address 9661 DELANEY CREEK BLVD.  
City-State-Zip: TAMPA FL 33619

Title D  
Name WHELCHER, JOHN DMD  
Address 52 WOODCREST AVE, NE  
City-State-Zip: ATLANTA GA 30309

Title D  
Name LEFOR, WILLIAM MPH.D.  
Address 16204 DIAMOND BAY DR.  
City-State-Zip: WIAUMA FL 33598

Title CEO, PRESIDENT  
Name HEINRICH, DENNIS FMBA  
Address 9661 DELANEY CREEK BLVD.  
City-State-Zip: TAMPA FL 33619

Title DIRECTOR, COO  
Name DAVIS, JEAN  
Address 9661 DELANEY CREEK BLVD.  
City-State-Zip: TAMPA FL 33619

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DENNIS F. HEINRICH

**PRESIDENT**

**09/25/2015**

Electronic Signature of Signing Officer/Director Detail

Date