

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 29 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # N94000003008 (9)**

1. Corporation Name

**LIFELINK TRANSPLANTATION INSTITUTE, INC.**



Principal Place of Business

Mailing Address

**2111 WEST SWANN AVE.  
TAMPA FL 33606**

**2111 WEST SWANN AVE.  
TAMPA FL 33606**

3. Date Incorporated or Qualified  
**06/17/1994**

3a. Date of Last Report  
**08/10/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-3253621**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

22

27

6. Election Campaign Financing Trust Fund Contribution



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

City & State

City & State

23

28

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

Yes  No

24

Country

29

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHIRES, DANA L JR MD  
2111 WEST SWANN AVE.  
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **PD SHIRES, DANA L JR MD**  
STREET ADDRESS **2111 SWANN AVE**  
CITY-ST-ZIP **TAMPA FL 33606**

1.1 TITLE  
1.2 NAME **Chairman of the Board, CEO**  Change  Addition  
1.3 STREET ADDRESS **Director**  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **VD HEINRICH, DENNIS F B.A.**  
STREET ADDRESS **2111 SWANN AVE.**  
CITY-ST-ZIP **TAMPA FL 33606**

2.1 TITLE  
2.2 NAME **President Chief Operating**  Change  Addition  
2.3 STREET ADDRESS **Officer, Director**  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **SD CAMPBELL, JOHN R BHS**  
STREET ADDRESS **2111 SWANN AVE**  
CITY-ST-ZIP **TAMPA FL 33606**

3.1 TITLE  
3.2 NAME **Secretary no Director**  Change  Addition  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **TD STOCKMAN, JOHN E CPA**  
STREET ADDRESS **2111 SWANN AVE**  
CITY-ST-ZIP **TAMPA FL 33606**

4.1 TITLE  
4.2 NAME **Treasurer no Director**  Change  Addition  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **D LEFOR, WILLIAM M CLD**  
STREET ADDRESS **2111 SWANN AVE**  
CITY-ST-ZIP **TAMPA FL 33606**

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

TITLE  DELETE  
NAME **D PFAFF, WILLIAM W MD**  
STREET ADDRESS **UF, SHANDS TEACHING HOSPITAL J-286**  
CITY-ST-ZIP **GAINESVILLE FL 32611**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/29/96 813-253-2640**

Date

Daytime Phone #

CR2E037 (12/95)

LifeLink Transplantation Institute, Inc.  
Officers & Directors  
1995-96

Dana L. Shires, Jr., M.D. Chairman of the Board, Chief Ex. Officer	2111 Swann Ave. Tampa, Florida 33606
Dennis F. Heinrichs, B.A., B.S.N. President, Chief Operating Officer	2111 Swann Ave. Tampa, Florida 33606
William M. LeFor, Ph.D., CLD Director	2111 Swann Ave. Tampa, Florida 33606
William W. Pfaff, M.D. Director	University of Florida Shands Teaching Hospital J-286 Gainesville, Florida 32611
Allbert L. Galloway, M.Div. Director	2111 Swann Ave. Tampa, Florida 33606
David C. Lowance, M.D. Director	Piedmont Professional Bldg. 35 Collier Road #610 Atlanta, Georgia 30367
James Urbanski Director	2915 Hawthorne Road Tampa, Florida 33611
Larry Carey, M.D. Director	Chairman of Dept. Of Surgery Harborside Med. Towers 4 Columbia Dr. Suite 430 Tampa, Florida 33606
John E. Stockman, C.P.A. Treasurer, Not a Director	2111 Swann Ave. Tampa, Florida 33606
Lawrence Kahana, M.D. Director	2111 Swann Ave. Tampa, Florida 33606
John T. Sinnott, M.D. Director	Chief of Staff Tampa General Hospital Post Office Box 1289 Tampa, Florida 33601-1289
Victor Bowers, M.D. Not a Director	LifeLink Transplantation Institute 211 Swann Ave. Tampa, Florida 33606
John R. Campbell, B.H.S., P.A., J.D. Secretary, Not a Director	2111 Swann Ave. Tampa, Florida 33606