

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 2111 WEST SWANN AVE. TAMPA FL 33606	Mailing Address 2111 WEST SWANN AVE. TAMPA FL 33606
---	---

3. Date Incorporated or Qualified 06/17/1994	3a. Date of Last Report 08/10/1995
4. FEI Number 59-3253621	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SHIRES, DANA L JR MD
2111 WEST SWANN AVE.
TAMPA FL 33606**

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHIRES, DANA L JR MD	
STREET ADDRESS	2111 SWANN AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEINRICHS, DENNIS F B.A.	
STREET ADDRESS	2111 SWANN AVE.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, JOHN R BHS	
STREET ADDRESS	2111 SWANN AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STOCKMAN, JOHN E CPA	
STREET ADDRESS	2111 SWANN AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEFOR, WILLIAM M CLD	
STREET ADDRESS	2111 SWANN AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PFUFF, WILLIAM W MD	
STREET ADDRESS	UF, SHANDS TEACHING HOSPITAL J-286	
CITY-ST-ZIP	GAINESVILLE FL 32611	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman of the Board, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Director	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President Chief Operating Officer, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary no Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Treasurer no Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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