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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33606-2423
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3. Date Incorporated or Qualified 06/17/1994	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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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	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRES, DANA L JR MD	1.2 NAME	
STREET ADDRESS	2111 SWANN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINRICH, DENNIS F B.A.	2.2 NAME	
STREET ADDRESS	2111 SWANN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JOHN R BHS	3.2 NAME	
STREET ADDRESS	2111 SWANN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOCKMAN, JOHN E CPA	4.2 NAME	
STREET ADDRESS	2111 SWANN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFOR, WILLIAM M CLD	5.2 NAME	
STREET ADDRESS	2111 SWANN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFUFF, WILLIAM W MD	6.2 NAME	
STREET ADDRESS	UF, SHANDS TEACHING HOSPITAL J-286	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32611	6.4 CITY-ST-ZIP	

See attached list

14. I do 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 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]* **Treasurer 3/31/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Treasurer** Date: _____ Daytime Phone #: **0047378**

CR2E037 (9/96)

**LIFELINK TRANSPLANTATION INSTITUTE
BOARD OF DIRECTORS**

MEMBERS FROM LIFELINK'S BOARD OF GOVERNORS
DANA L. SHIRES JR., M.D.
WILLIAM M. LEFOR, PH.D., CLD
WILLIAM W. PFAFF, M.D.
ALBERT L. GALLOWAY, M.DIV.
DENNIS F. HEINRICHS, B.S.N., MBA
DAVID C. LOWANCE, M.D.
MR. JAMES URBANSKI
MEMBER FROM THE UNIVERSITY OF SOUTH FLORIDA
LARRY CAREY, M.D. CHAIRMAN OF THE DEPARTMENT OF SURGERY SCHOOL OF MEDICINE
MEMBER FROM TAMPA GENERAL HOSPITAL
JOHN SINNOTT, M.D. CHIEF OF STAFF
REPRESENTATIVE: LIFELINK TRANSPLANTATION INSTITUTE
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