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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N9400003008 (9)

LIFELINK TRANSPLANTATION INSTITUTE, INC.

FILED Apr 22 1997 8:00am Secretary of State



Mailing Address Mailing Address 211 WEST SWANN AVE TAHPA R. 38006 4.						
TAMPA FL 38006 TAMPA FL 38006-2428	Principal Place	e of Business	Mailing Address		1 IDBRITION AND LIGHT BURTH ORDER ORDER DRIVE	
TAMPA FL 38006 TAMPA FL 38006-2429 2. Principal Place of Business	2111 WEST CW	ANN AVE	2111 WEST SWANN AVE			
Principal Place of Business 2a. Mailing Address 2a. Mailing						
Principal Place of Business 2x Mailing Address 3x Mailing Address 4. FEI Number 59-3253621						3. Date Incorporated or Qualified 3a. Date of Last Report
Suito, Apil e, etc						
SUITO, Apr. #, etc 22 23 24 25 25 25 26 26 27 26 27 26 27 27	2. Principal P	lace of Business	2a. Mailing Address			
Solitic April #, eff.c. Solitic April #, eff.c. Solitic April #,	21					
City & State Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acce	Suite, Apt.	#, etc				
Zip						
Zip		S .	├ ¬			
SHIRES, DANA LJR MD 2111 WEST SWANN AVE. TAMPA FL 33606 11. Pursuant to the provisions of Sections 617,0002 and 617,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and termilar with, and accept the obligations of, Section 617,0002 and 617,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and termilar with, and accept the obligations of, Section 617,0002 and 617,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and termilar with, and accept the obligations of, Section 617,0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and termilar with, and accept the obligations of, Section 617,0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent		Country		Cour	ntrv	
SHIRES, DANA L JR MD 2111 WEST SWANN AVE. TAMPA FL 33606 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 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 and accept the obligations of, Section 617.0503, Plorida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. TILE 10. SHIRES, DANA L JR MD 2111 SWANN AVE 13. SHEET ALDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADTIST-2PP 15. TAMPA FL 16. CROD 17. SHAPA FL 16. CROD 17. SHAPA FL 16. CRAPPELL, JOHN R BHS 17. STOCKMAN, JOHN E CPA 2111 SWANN AVE 22. STREET ADDRESS 2111 SWANN AVE 3. STREET ADDRESS 2111 SWANN AVE 3. STREET ADDRESS 2111 SWANN AVE 4. STREET ADDRESS 2111 SWANN AVE 3. STREET ADDRESS 2111 SWANN AVE 3. STREET ADDRESS 2111 SWANN AVE 3. STREET ADDRESS 2111 SWANN AVE 4. STREET ADDRESS 2111 SWANN AVE 3. STREET ADDRESS 2111 SWANN AVE 4. STREET ADDRESS 2111 SWANN AVE 3. STREET ADDRESS 2111 SWANN AVE 4. STREET ADDRESS 2111 SWANN AVE 5. STREET ADDRESS 2111 SWANN	24	—		—¬		
SHIRES, DANA L JR MD 2111 WEST SWANN AVE. TAMPA FL 33606 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Floridal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Floridal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Ploridal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and manual registered agent, and accept the obligations of, Section 617,0503, Ploridal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and manual registered agent and accept the obligations of, Section 617,0503, Ploridal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Ploridal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Ploridal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and sections of the oppointment as registered agent, and the first agents of the purpose of changing its registered agent and the first agents. Interpolation of the purpose of changing its registered agent and the first agents. Interpolation of the purpose of changing its registered agent and the first agents. Interpolation of the purpose of changing its registered agent and registered agent and the first agents. Interpolation of the purpose of changing its registered agent and registere	777					10. Name and Address of New Registered Agent
2111 WEST SWANN AVE. TAMPA FL 33806					81 Name	me
2111 WEST SWANN AVE. TAMPA FL 33606 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 agent, or both, in the State of Plorida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am I amiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNAT URE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. SHREE ADDRESS CITY-S1-79 TILLE 15. TAMPA FL 15. TAM	SHIRES,	DANA L JR MD		}	82 Street	eet Address (P.O. Box Number is Not Acceptable)
TAMPA FL Sold Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, or both, in the State of Florida Statutes. SIGNAT LIRE	-					
TILL PURSUANT to the provisions of Sections 617 0602 and 617.1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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, and tarmillar with, and accept the obligations of, Section 617.0503, Floridal Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. ITILE 12. OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. ITILE 12. OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 19. Addition 19. Addition 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. STREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 29. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 29. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 29. ADDITIONS/CHANGES	tampa f	FL 33606			63	
TILL PURSUANT to the provisions of Sections 617.0502 and 617.1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and marrialliar with, and accept the obligations of, Section 617.0503, Ploridal Statutes. SIGNATURE Total				}	84 City	85 Zip Code
SIGNATURE Signature, typed or pertend name of inegrolousid agent and little if appricable NOTE neglected Agent alignature troubled where renealating)						FL `
SIGNATURE Signature, typed or pertend name of inegrolousid agent and little if appricable NOTE neglected Agent alignature troubled where renealating)	11. Pursuant office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State	02 and 617.1508, Florida Statu e of Florida. Such change was	utes, the ab authorized	ove-named by the co	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
12	agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, F	Iorida State	tes.	
12.	SIGNATURE .			VF. Davistand	A	OAT.
TITLE					VDanit signatu	
NAME SHIRES, DANA L JR MD 12 MAME 1.3 STREET ADDRESS 2111 SWANN AVE 1.4 OFFT-ST-ZP TAMPA FL 1.4 OFFT-ST-ZP					LE	
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NAME	CHTY-ST-ZIP	TAMPA FL		1.4 C(T	Y-ST-ZIP	
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TAMPA FL	NAME	HEINRICHS, DENNIS F B.A.		2.2 NA	ME	
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TITLE						555
STOCKMAN, JOHN E CPA 4.2 NAME 2111 SWANN AVE 4.3 STREET ADDRESS 2111 SWANN AVE 4.4 CITY-ST-ZIP TAMPA FL 4.4 CITY-ST-ZIP Change Addition Additio		TAMPA FL	DELETE			Change Addition
STREET ADDRESS 2111 SWANN AVE		I CTUCKNYM IUNK E UDY				had onenge
TAMPA FL						22.
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TITLE D DELETE 6.1 TITLE Change Addition NAME PFAFF, WILLIAM W MD 62 NAME						
			☐ DELETE			☐ Change ☐ Addition
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City-st-zip GAINESVILLE FL 32611 64 City-st-zip See attached lest	CHTY-ST-ZIP			6.4 Cf	Y-ST-ZIP	Dec 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 offrustee 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.

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