


FILE NOW: FILING FEE IS \$61.25

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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000003008 (9)**  
1. Corporation Name  
**LIFELINK TRANSPLANTATION INSTITUTE, INC.**



Principal Place of Business <b>2111 WEST SWANN AVE. TAMPA FL 33606</b>	Mailing Address <b>2111 WEST SWANN AVE. TAMPA FL 33606-2423</b>
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3. Date Incorporated or Qualified <b>06/17/1994</b>	3a. Date of Last Report <b>04/29/1996</b>
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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 <b>59-3253621</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>FL</b> 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	<b>CEOD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHIRES, DANA L JR MD</b>	1.2 NAME	
STREET ADDRESS	<b>2111 SWANN AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEINRICH, DENNIS F B.A.</b>	2.2 NAME	
STREET ADDRESS	<b>2111 SWANN AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, JOHN R BHS</b>	3.2 NAME	
STREET ADDRESS	<b>2111 SWANN AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOCKMAN, JOHN E CPA</b>	4.2 NAME	
STREET ADDRESS	<b>2111 SWANN AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEFOR, WILLIAM M CLD</b>	5.2 NAME	
STREET ADDRESS	<b>2111 SWANN AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PFUFF, WILLIAM W MD</b>	6.2 NAME	
STREET ADDRESS	<b>UF, SHANDS TEACHING HOSPITAL J-286</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32611</b>	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: **3/31/97** Daytime Phone #: **0047378**

CR2E037 (9/96)

**LIFELINK TRANSPLANTATION INSTITUTE  
BOARD OF DIRECTORS**

<b>MEMBERS FROM LIFELINK'S BOARD OF GOVERNORS</b>
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<b>ALBERT L. GALLOWAY, M.DIV.</b>
<b>DENNIS F. HEINRICHS, B.S.N., MBA</b>
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<b>MEMBER FROM TAMPA GENERAL HOSPITAL</b>
<b>JOHN SINNOTT, M.D. CHIEF OF STAFF</b>
<b>REPRESENTATIVE: LIFELINK TRANSPLANTATION INSTITUTE</b>
<b>LAWRENCE KAHANA, M.D.</b>

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SCHOOL OF MEDICINE**

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CHIEF OF STAFF**

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