

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 16 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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

4. FEI Number
59-3253621

| | |
|----------------|-------------------------------------|
| Applied For | |
| Not Applicable | <input checked="" type="checkbox"/> |

| | |
|---|----------------------------------|
| 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 |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes 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 CAMPBELL, JOHN R. |
| 82 Street Address (P.O. Box Number is Not Acceptable) 2111 Swann Avenue |
| 83 |
| 84 City Tampa |
| 85 Zip Code 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 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 **John R. Campbell, Secretary** **2/3/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending) DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|--|--|
| TITLE CEO | NAME SHIRES, DANA L JR MD | <input type="checkbox"/> DELETE |
| STREET ADDRESS 2111 SWANN AVE | CITY-ST-ZIP TAMPA FL | |
| TITLE PD | NAME HEINRICH, DENNIS F B.A. | <input type="checkbox"/> DELETE |
| STREET ADDRESS 2111 SWANN AVE. | CITY-ST-ZIP TAMPA FL | |
| TITLE S | NAME CAMPBELL, JOHN R BMS | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 2111 SWANN AVE | CITY-ST-ZIP TAMPA FL | |
| TITLE T | NAME STOCKMAN, JOHN E CPA | <input type="checkbox"/> DELETE |
| STREET ADDRESS 2111 SWANN AVE | CITY-ST-ZIP TAMPA FL | |
| TITLE D | NAME LEFOR, WILLIAM M CLD | <input type="checkbox"/> DELETE |
| STREET ADDRESS 2111 SWANN AVE | CITY-ST-ZIP TAMPA FL 33606 | |
| TITLE D | NAME PFUFF, WILLIAM W MD | <input type="checkbox"/> DELETE |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME D KAHANA, LAWRENCE M.D. | |
| 3.3 STREET ADDRESS 2111 Swann Avenue | |
| 3.4 CITY-ST-ZIP Tampa, Fl. 33606 | |
| 4.1 TITLE | <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 | |

14. I 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: **Dennis F. Heinrich** **2-4-98** **913-253-2640**

CR2E037 (10/97)