

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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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 <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

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 <b>CAMPBELL, JOHN R.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2111 Swann Avenue</b>
83
84 City <b>Tampa</b>
85 Zip Code <b>FL 33606</b>

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

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	<b>D KAHANA, LAWRENCE M.D.</b>
3.3 STREET ADDRESS	<b>2111 Swann Avenue</b>
3.4 CITY-ST-ZIP	<b>Tampa, Fl. 33606</b>
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)