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**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90089 003 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000003008**

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



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

3. Date Incorporated or Qualified

06/17/1994

4. FEI Number

59-3253621

Applied For  
 Not Applicable

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

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

9. Name and Address of Current Registered Agent

CAMPBELL, JOHN R.  
 2111 SWANN AVENUE  
 TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

JOHN R. CAMPBELL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: CEO/D  
 NAME: SHIRES, DANA L JR MD  
 STREET ADDRESS: 2111 SWANN AVE  
 CITY-ST-ZIP: TAMPA FL 33606  DELETE

TITLE: PD  
 NAME: HEINRICHS, DENNIS F B.A.  
 STREET ADDRESS: 2111 SWANN AVE.  
 CITY-ST-ZIP: TAMPA FL 33606  DELETE

TITLE: D  
 NAME: KAHANA, LAWRENCE M.D.  
 STREET ADDRESS: 2111 SWANN AVE  
 CITY-ST-ZIP: TAMPA FL 33606  DELETE

TITLE: T  
 NAME: STOCKMAN, JOHN E CPA  
 STREET ADDRESS: 2111 SWANN AVE  
 CITY-ST-ZIP: TAMPA FL 33606  DELETE

TITLE: D  
 NAME: LEFOR, WILLIAM M CLD  
 STREET ADDRESS: 2111 SWANN AVE  
 CITY-ST-ZIP: TAMPA FL 33606  DELETE

TITLE: D  
 NAME: PFAFF, WILLIAM W MD  
 STREET ADDRESS: UF, SHANDS TEACHING HOSPITAL J-286  
 CITY-ST-ZIP: GAINESVILLE FL 32611  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME: JOHN E. STOCKMAN, CPA  
 4.3 STREET ADDRESS: 601 BAYSHORE BLVD., SUITE 600  
 4.4 CITY-ST-ZIP: TAMPA, FL 33606

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 (813)258-6515

Date

Daytime Phone #

CR2E037 (11/98)