

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90070 030 ****70.00

DOCUMENT # N94000003008

1. Entity Name

LIFELINK TRANSPLANTATION INSTITUTE, INC.

| | |
|---|--|
| Principal Place of Business 2111 WEST SWANN AVE. TAMPA FL 33606 | Mailing Address 2111 WEST SWANN AVE. TAMPA FL 33606-2423 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business <i>409 Bayshore Blvd</i> | 3. Mailing Address <i>409 Bayshore Blvd</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|---------------------------------|---------------------------------|------------------------------------|--|
| City & State <i>Tampa FL</i> | City & State <i>Tampa FL</i> | 4. FEI Number 59-3253621 | Applied For <input type="checkbox"/> Not Applicable |
| Zip <i>33606</i> | Country <i>USA</i> | Zip <i>33606</i> | Country <i>USA</i> |

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

6. Name and Address of Current Registered Agent

CAMBELL, JOHN R
2111 SWANN AVENUE
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Numbers Not Acceptable)
409 Bayshore Blvd
 City *Tampa* FL Zip Code *33606*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

**Make Check Payable to
 Department of State**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOD SHIRES, DANA L JR MD <input type="checkbox"/> Delete 2111 SWANN AVE TAMPA FL 33606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HEINRICH, DENNIS F B.A. <input type="checkbox"/> Delete 2111 SWANN AVE. TAMPA FL 33606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KAHANA, LAWRENCE M.D. <input type="checkbox"/> Delete 2111 SWANN AVE TAMPA FL 33606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T STOCKMAN, JOHN E <input type="checkbox"/> Delete 801 BAYSHORE BLVD. STE. 600 TAMPA FL 33606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEFOR, WILLIAM M CLD <input type="checkbox"/> Delete 2111 SWANN AVE TAMPA FL 33606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PFAFF, WILLIAM W MD <input type="checkbox"/> Delete UF, SHANDS TEACHING HOSPITAL J-286 GAINESVILLE FL 32611 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>409 Bayshore Blvd Tampa FL 33606</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>409 Bayshore Blvd. Tampa FL 33606</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>409 Bayshore Blvd. Tampa FL 33606</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>409 Bayshore Blvd. Tampa FL 33606</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *Bryan McDonald* *VP Controller* *4/26/00* *(813) 258-6515*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/99)