

# 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

Mailing Address

2111 WEST SWANN AVE.  
 TAMPA FL 33606

2111 WEST SWANN AVE.  
 TAMPA FL 33606-2423

2. Principal Place of Business

*409 Bayshore Blvd*  
 Suite, Apt. #, etc.

3. Mailing Address

*409 Bayshore Blvd*  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
*Tampa FL*

City & State  
*Tampa FL*

4. FEI Number  
**59-3253621**

Applied For  
 Not Applicable

Zip  
*33606* Country  
*USA*

Zip  
*33606* Country  
*USA*

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMBELL, JOHN R**  
**2111 SWANN AVENUE**  
**TAMPA FL 33606**

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>409 Bayshore Blvd</i> <i>Tampa FL 33606</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>409 Bayshore Blvd.</i> <i>Tampa FL 33606</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>409 Bayshore Blvd.</i> <i>Tampa FL 33606</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Bryan McDonald*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/26/00* (B13) 258-6515  
 Date Daytime Phone #

CRE037 (9/99)