

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

3. Mailing Address

409 Bayshore Blvd
 Suite, Apt. #, etc.

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		<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)