2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State
03-07-2001 90608 016 ****61.25

DOCUMENT # N94000003008

1. Entity Name

LIFELINK TRANSPLANTATION INSTITUTE, INC.

Principal Place of Business	Mailing Address
409 BAYSHORE BLVD TAMPA FL 33606	409 BAYSHORE BLVD TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3253621 ☐ Applied For ☐ Not Applicable

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 409 BAYSHORE BLVD TAMPA FL 33606	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ 2/26/01
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 409 BAYSHORE BLVD TAMPA FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HEINRICHS, DENNIS F B.A. 409 BAYSHORE BLVD TAMPA FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAHANA, LAWRENCE M.D. 409 BAYSHORE BLVD TAMPA FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STOCKMAN, JOHN E 601 BAYSHORE BLVD. STE. 600 TAMPA FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEFOR, WILLIAM M CLD 409 BAYSHORE BLVD TAMPA FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PFAFF, WILLIAM W MD UF, SHANDS TEACHING HOSPITAL J-286 GAINESVILLE FL 32611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: _____ 2/26/01 (813)258-6515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #