2002 UNIFORM BUSINESS REPORT (UBR)

Sep 04, 2002 8:00 am Secretary of State DOCUMENT # **N94000003008** 1. Entity Name 09-04-2002 90088 049 ****61.25 LIFELINK TRANSPLANTATION INSTITUTE, INC. Principal Place of Business Mailing Address 409 BAYSHORE BLVD 409 BAYSHORE BLVD TAMPA FL 33606 TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3253621 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent: --- 7. Name and Address of New Registered Agent SDelling Name AMPBELL Street Address (P.O. Box Number is Not Acceptable) CAMBELL. John R 409 BAYSHORE BLVD TAMPA FL 33606 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE يتع 9. Election Campaign Financing After September 13, 2002, Make Check Payable to \$5.00 May Be min. will be \$236.25. Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 1Õ. 11. **CEOD** TITLE ☐ Delete TITLE Campbell, NAME SHIRES, DANA L JR MD NAME STREET ADDRESS 409 BAYSHORE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 TITLE ☐ Delete Change TITLE ☐ Addition HEINRICHS, DENNIS F B.A. NAME STREET ADDRESS 409 BAYSHORE BLVD STREET ADDRESS CITY-ST-ZIP TAMPA-FL 33606----CITY_ST-ZIP-TITLE Delete TITLE □ Change ■ Addition NAME KAHANA, LAWRENCE M.D. NAME STREET ADDRESS 409 BAYSHORE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 TITLE ☐ Delete TITLE Change ☐ Addition NAME STOCKMAN, JOHN E NAME STREET ADDRESS 601 BAYSHORE BLVD. STE. 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa FL 33606 TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEFOR, WILLIAM M CLD NAME NAME STREET ADDRESS 409 BAYSHORE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PFAFF, WILLIAM W MD NAME

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 attachmen with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

UF, SHANDS TEACHING HOSPITAL J-286

GAINESVILLE FL 32611

FILED

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THOMAS P. McNamara, P. A.

2909 BAY TO BAY BOULEVARD SUITE 309 TAMPA, FLORIDA 33629

THOMAS P. McNAMARA

N940003008

(813) 837-0727
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E-MAIL
tmcnamara@tpmpa.com

August 30, 2002

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: LifeLink Transplantation Institute, Inc.

Dear Madam or Sir:

On behalf of our client, LifeLink Transplantation Institute, Inc., we are enclosing the 2002 Uniform Business Report. We are also enclosing a check in the amount of \$61.25 to cover the fee for filing.

If you have any questions, please give us a call.

Sincerely,

Gina M. Harber Legal Assistant

/gmh

Enclosures

lifeinst/cor/sos-annrep02

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