2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State
09-04-2002 90088 049 ****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

correct spelling → CAMPBELL

CAMBELL JOHN R
409 BAYSHORE BLVD
TAMPA FL 33606

7. Name and Address of New Registered Agent

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. 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

After September 13, 2002, min. will be $236.25.

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

CR2E037 (4/02)

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: Dennis F. Heinrich 8/30/02 813-253-2640

attachment 9/8/02

N94000003008

LAW OFFICES
THOMAS P. McNAMARA, P. A.
2909 BAY TO BAY BOULEVARD
SUITE 309
TAMPA, FLORIDA 33629

THOMAS P. McNAMARA

(813) 837-0727
FAX (813) 837-1532
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

Gina M. Harber
Legal Assistant

/gmh

Enclosures

lifeinst/cor/sos-annrep02