

N94000003008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

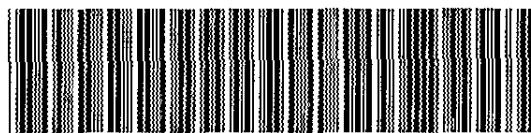
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900028815649

*Name  
Change  
Amended*

02/20/04--01032--013 \*\*43.75

RECEIVED  
04 FEB 20 AM 10:19  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*Doc*  
*2/20/04*  
FILED  
04 FEB 20 PM 12:48  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103-N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 02-20-04

REF. #: 204.23691

CORP. NAME: LIFELINK TRANSPLANTATION INSTITUTE, INC.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                           | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

STATE FEES PREPAID WITH CHECK# 5883 FOR \$ 43.75.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

ARTICLES OF AMENDMENT  
OF THE  
ARTICLES OF INCORPORATION  
OF  
LIFELINK TRANSPLANTATION INSTITUTE, INC.

FILED  
04 FEB 20 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LifeLink Transplantation Institute, Inc., a corporation organized and existing under the laws of the State of Florida (the "Corporation"), in order to amend its Articles of Incorporation in accordance with the requirements of Chapter 617, Florida Statutes, does hereby certify as follows:

1. The Articles of Incorporation of the Corporation were filed by the Secretary of State of the State of Florida on June 17, 1994.

2. Pursuant to Section 617.0701(4), Florida Statutes, this amendment was approved by the members of the board of directors of the Corporation at a meeting held on October 31, 2003. This amendment to the Articles of Incorporation was also approved by written consent of the sole member of the Corporation as of February 3, 2003. The number of votes cast for the amendment was sufficient for approval.

3. These Articles of Amendment of the Articles of Incorporation shall be effective immediately upon filing by the Secretary of State of the State of Florida, and thereafter, the name of the Corporation shall be "LifeLink HealthCare Institute, Inc." and Article I of the Articles of Incorporation of the Corporation shall read as follows:

\*\*\*\*\*

ARTICLE I


NAME

The name of the corporation is LifeLink HealthCare Institute, Inc.

\*\*\*\*\*

IN WITNESS WHEREOF, LifeLink Transplantation Institute, Inc. has caused these  
Articles of Amendment of the Articles of Incorporation to be executed by its President this  
11 day of February, <sup>2004</sup>~~2003~~.

LIFELINK TRANSPLANTATION  
INSTITUTE, INC.

By:   
Dennis F. Heinrichs, President

lifeinst/docs/aoaname