


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90003 027 \*\*\*\*\*61.00  
 03-09-2004 90026 016 \*\*\*\*\*25

<b>DOCUMENT # N94000003008</b>					
1. Entity Name <b>LIFELINK TRANSPLANTATION INSTITUTE, INC.</b>					
Principal Place of Business <b>409 BAYSHORE BLVD TAMPA FL 33606</b>			Mailing Address <b>409 BAYSHORE BLVD TAMPA FL 33606</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number <b>59-3253621</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD STE 309 TAMPA FL 33629</b>			7. Name and Address of New Registered Agent		
			Name _____		
			Street Address (P.O. Box Number is Not Acceptable) _____		
			City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEINRICH, DENNIS F B.A. 409 BAYSHORE BLVD TAMPA FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/V P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Linda D'Aquila 409 Bayshore Blvd Tampa, FL 33606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHANA, LAWRENCE M.D. 409 BAYSHORE BLVD TAMPA FL 33606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dana Shires, MD 409 Bayshore Blvd Tampa, FL 33606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOCKMAN, JOHN E 601 BAYSHORE BLVD. STE. 600 TAMPA FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFOR, WILLIAM M CLD 409 BAYSHORE BLVD TAMPA FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <i>Linda D. Aquila</i>		2.26.04		813.253.2640	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	