

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2006**  
**Secretary of State**

DOCUMENT# N94000003008

Entity Name: LIFELINK HEALTHCARE INSTITUTE, INC.

**Current Principal Place of Business:**

409 BAYSHORE BLVD  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

2909 BAY TO BAY BLVD  
SUITE 309  
TAMPA, FL 33629

**New Mailing Address:**

FEI Number: 59-3253621      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCNAMARA, THOMAS P  
2909 BAY TO BAY BLVD  
STE 309  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HEINRICHS, DENNIS F B.A.  
Address: 409 BAYSHORE BLVD  
City-St-Zip: TAMPA, FL 33606

Title: S ( ) Delete  
Name: D'AQUILA, LINDA  
Address: 409 BAYSHORE BLVD  
City-St-Zip: TAMPA, FL 33606

Title: T ( ) Delete  
Name: STOCKMAN, JOHN E  
Address: 601 BAYSHORE BLVD. STE. 600  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: LOWANCE, DAVID C MD  
Address: 2875 NORTHWOODS PARKWAY  
City-St-Zip: NORCROSS, GA 30071

Title: CEOD ( ) Delete  
Name: SHIRES, DANA MD  
Address: 409 BAYSHORE BLVD  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: BOWERS, VICTOR D MD  
Address: 409 BAYSHORE BLVD  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS F. HEINRICHS

P

01/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date