

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003008

FILED  
Jan 19, 2009  
Secretary of State

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:**

2907 BAY TO BAY BLVD  
SUITE 201  
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  
2907 BAY TO BAY BLVD  
STE 201  
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 MBA  
Address: 409 BAYSHORE BLVD  
City-St-Zip: TAMPA, FL 33606

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

Title: T ( ) Delete  
Name: MCDONALD, BRYAN C  
Address: 409 BAYSHORE BLVD  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: WHELCHER, JOH D MD  
Address: 1984 PEACHTREE ROAD, N.E., SUITE 205  
City-St-Zip: ATLANTA, GA 30309

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

Title: D ( ) Delete  
Name: BOWERS, VICTOR D FACS  
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 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

01/19/2009

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

\_\_\_\_\_  
Date