

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003008

FILED
Feb 03, 2010
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
Name: HEINRICHS, DENNIS F MBA
Address: 409 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33606

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

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

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

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

Title: D
Name: BOWERS, VICTOR D FACS
Address: 409 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33606

I hereby 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 all other like empowered.

SIGNATURE: DENNIS F. HEINRICHS

P

02/03/2010

Electronic Signature of Signing Officer or Director

Date