

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90259 018 \*\*\*\*61.25

**DOCUMENT # N94000003008**

1. Entity Name  
**LIFELINK TRANSPLANTATION INSTITUTE, INC.**



Principal Place of Business  
**409 BAYSHORE BLVD  
TAMPA FL 33606**

Mailing Address  
**409 BAYSHORE BLVD  
TAMPA FL 33606**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3253621**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL, JOHN R  
409 BAYSHORE BLVD  
TAMPA FL 33606**

Name  
**Thomas P. McNamara**

Street Address (P.O. Box Number is Not Acceptable)  
**2909 Bay to Bay Blvd.**

**Suite 309**

City  
**Tampa**

FL

Zip Code  
**33629**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/22/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CAMPBELL, JOHN R</b> <b>409 BAYSHORE BLVD</b> <b>TAMPA FL 33606</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HEINRICHS, DENNIS F B.A.</b> <b>409 BAYSHORE BLVD</b> <b>TAMPA FL 33606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAHANA, LAWRENCE M.D.</b> <b>409 BAYSHORE BLVD</b> <b>TAMPA FL 33606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>STOCKMAN, JOHN E</b> <b>601 BAYSHORE BLVD. STE. 600</b> <b>TAMPA FL 33606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEFOR, WILLIAM M CLD</b> <b>409 BAYSHORE BLVD</b> <b>TAMPA FL 33606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PFAFF, WILLIAM W MD</b> <b>UF, SHANDS TEACHING HOSPITAL J-288</b> <b>GAINESVILLE FL 32611</b>	<input checked="" 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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:

**4/22/03 813-253-2640**

CR2E037 (10/02)

90104834

ATTACHMENT  
N94000003008

**Attachment to UBR for:**

LifeLink Transplantation Institute, Inc.  
Document # N94000003008

**Block 11:**

Title -	D, CEO	Addition
Name -	Shires, Jr., Dana L.	
Add. -	409 Bayshore Blvd. Tampa, FL 33606	

Title -	S	Addition
Name -	D'Aquila, Linda	
Add. -	409 Bayshore Blvd. Tampa, FL 33606	