

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **658101 (1)**

1. Corporation Name  
**PERFUSION ASSOCIATES OF CENTRAL FLORIDA, INC.**



Principal Place of Business: **612 E. COLONIAL DRIVE SUITE 350 ORLANDO FL 32803 US**  
Mailing Address: **612 E. COLONIAL DRIVE SUITE 350 ORLANDO FL 32803 US**

2. Principal Place of Business: 21 Subj. Apt. #, etc. 23 City & State 24 Zip 25 Country  
2a. Mailing Address: 26 Subj. Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **02/27/1980** 3a. Date of Last Report: **02/20/1995**  
4. FEI Number: **59-1985956** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**EDWARDS, JOHN  
4394 TIDEWATER DR.  
ORLANDO FL 32812**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE	<b>V</b>	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME	<b>ERICKSON, NEAL</b>	11.2 NAME	
11.3 STREET ADDRESS	<b>111 WATER OAK</b>	11.3 STREET ADDRESS	
11.4 CITY-STATE-ZIP	<b>ALT. SPGS FL</b>	11.4 CITY-STATE-ZIP	
11.5 TITLE	<b>P</b>	11.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 NAME	<b>EDWARDS, JOHN</b>	11.6 NAME	
11.7 STREET ADDRESS	<b>4394 TIDEWATER DR</b>	11.7 STREET ADDRESS	
11.8 CITY-STATE-ZIP	<b>ORLANDO FL</b>	11.8 CITY-STATE-ZIP	
11.9 TITLE	<b>S</b>	11.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 NAME	<b>GOULD, ANDREW</b>	11.10 NAME	
11.11 STREET ADDRESS	<b>527 BALMORAL RD</b>	11.11 STREET ADDRESS	
11.12 CITY-STATE-ZIP	<b>WINTER PARK FL</b>	11.12 CITY-STATE-ZIP	
11.13 TITLE	<b>T</b>	11.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.14 NAME	<b>KLAUS, NORMAN</b>	11.14 NAME	
11.15 STREET ADDRESS	<b>6741 EDGEWORTH DR</b>	11.15 STREET ADDRESS	
11.16 CITY-STATE-ZIP	<b>ORLANDO FL</b>	11.16 CITY-STATE-ZIP	
11.17 TITLE		11.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.18 NAME		11.18 NAME	
11.19 STREET ADDRESS		11.19 STREET ADDRESS	
11.20 CITY-STATE-ZIP		11.20 CITY-STATE-ZIP	
11.21 TITLE		11.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.22 NAME		11.22 NAME	
11.23 STREET ADDRESS		11.23 STREET ADDRESS	
11.24 CITY-STATE-ZIP		11.24 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norman E. Klaus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96 (407) 859-6780  
Date Office Phone #

CR2E034 (12/95)