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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 658101

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



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
02/27/1980

4. FEI Number
59-1985956

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **605 E ROBINSON ST**

2a. Mailing Address
 26 **605 E ROBINSON ST.**

Suite, Apt. #, etc.
 22 **SUITE 635**

27 **SUITE 635**

City & State
 23 **ORLANDO, FL**

28 **ORLANDO, FL**

Zip Country
 24 **32801** 25 **USA**

29 **32801** 30 **USA**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

V
 NAME **ERICKSON, NEAL**
 STREET ADDRESS **111 WATER OAK**
 CITY-ST-ZIP **ALT. SPGS FL**

P DELETE

NAME **EDWARDS, JOHN**
 STREET ADDRESS **4394 TIDEWATER DR**
 CITY-ST-ZIP **ORLANDO FL**

S DELETE

NAME **GOULD, ANDREW**
 STREET ADDRESS **527 BALMORAL RD**
 CITY-ST-ZIP **WINTER PARK FL**

T DELETE

NAME **KLAUS, NORMAN**
 STREET ADDRESS **6741 EDGEWORTH DR**
 CITY-ST-ZIP **ORLANDO FL**

DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____ DATE: **1/18/99** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)