

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90001 008 \*\*\*150.00

**DOCUMENT # 658101**

1. Entity Name

**PERFUSION ASSOCIATES OF CENTRAL FLORIDA, INC.**

Principal Place of Business

Mailing Address

605 E. ROBINSON ST.  
 SUITE 635  
 ORLANDO FL 32801  
 US

605 E. ROBINSON ST.  
 SUITE 635  
 ORLANDO FL 32801-2062  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1985956**

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDWARDS, JOHN**  
**4394 TIDEWATER DR.**  
**ORLANDO FL 32812**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	ERICKSON, NEAL	111 WATER OAK	ALT. SPGS FL	<input type="checkbox"/>
P	EDWARDS, JOHN	4394 TIDEWATER DR	ORLANDO FL	<input type="checkbox"/>
S	GOULD, ANDREW	527 BALMORAL RD	WINTER PARK FL	<input checked="" type="checkbox"/>
T	KLAUS, NORMAN	6741 EDGEWORTH DR	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S	CHARLES BELCHER, JR.	8046 SANDBERRY BLVD.	ORLANDO, FL 32819	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ANDREW GOULD	527 BALMORAL ROAD	WINTER PARK, FL 32789	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	JOHN FRITSCH	739 WILSON ROAD	WINTER SPRINGS, FL 32708	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Andrew Gould*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00

Date

Daytime Phone #