

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

0061149

DOCUMENT # 658101

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

03-06-2001 90329 034 ***150.00

Principal Place of Business 605 E. ROBINSON ST. SUITE 635 ORLANDO FL 32801 US	Mailing Address 605 E. ROBINSON ST. SUITE 635 ORLANDO FL 32801 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-1985956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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

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, 2001 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

TITLE	V <input type="checkbox"/> Delete
NAME	ERICKSON, NEAL
STREET ADDRESS	111 WATER OAK
CITY-ST-ZIP	ALT. SPGS FL
TITLE	P <input type="checkbox"/> Delete
NAME	EDWARDS, JOHN
STREET ADDRESS	4394 TIDEWATER DR
CITY-ST-ZIP	ORLANDO FL
TITLE	S <input type="checkbox"/> Delete
NAME	BELCHER, CHARLES JR
STREET ADDRESS	8046 SANDBERRY BLVD
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	T <input type="checkbox"/> Delete
NAME	KLAUS, NORMAN
STREET ADDRESS	6741 EDGEWORTH DR
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	GOULD, ANDREW
STREET ADDRESS	527 BALMORAL ROAD
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	D <input type="checkbox"/> Delete
NAME	FRITSCH, JOHN
STREET ADDRESS	739 WILSON ROAD
CITY-ST-ZIP	WINTER SPRING FL 32700

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *VP* **VP-** Date: 2/28/01 Daytime Phone #: 407 983 8803

CR2E034 (10/00)

Attachment Doc #658101 CDD31317

Page 2 - ADDITIONAL OFFICERS & DIRECTORS

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MARTHA HIATT
334 OLOLU DRIVE
WINTER PARK, FL 32789

D

JEFFREY MAGER
818 RENAISSANCE POINTE #306
ALTAMONTE SPRINGS, FL 32714

D

KATHY LYNN MURPHY
8117 CLARCONA-OCOEE ROAD
ORLANDO, FL 32818

D

CAMERON SMITH
225 MARGARITA ROAD
DEBARY, FL 32713