

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90082 038 ***150.00

0092745
 M.V.

DOCUMENT # 658101

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

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
--	---



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

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-1985956	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
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 *John Edwards* DATE 1/31/02
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	V ERICKSON, NEAL 111 WATER OAK ALT. SPGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, JOHN 4394 TIDEWATER DR ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELCHER, CHARLES JR 8046 SANDBERRY BLVD ORLANDO FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLAUS, NORMAN 6741 EDGEWORTH DR ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, ANDREW 527 BALMORAL ROAD WINTER PARK FL 32789 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRICTSCH, JOHN 739 WILSON ROAD WINTER SPRING FL 32700 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CAMERON 225 MARGARITA ROAD DEBARY, FL 32713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John Edwards*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/31/02 Daytime Phone # 859-6655
407-482

CR2E034 (9/01)

Attachment

Doc. # 658101
738846

Page 2 – ADDITIONAL OFFICERS & DIRECTORS

D – MARTHA HIATT – 334 OLOLU DRIVE, WINTER PARK, FL 32789

D – JEFFREY MAGER – 818 RENAISSANCE POINT #306
ALTAMONTE SPRINGS, FL 32714

D – KATHY LYNN MURPHY – 8117 CLARCONA-OCOEE RD.
ORLANDO, FL 32818

D – EDWARD STEVENSON – 1627 EAGLE NEST CIRCLE
WINTER SPRINGS, FL 32708

D – DANIEL DEL CASTILLO – 370 LAKE ONTARIO COURT #104
ALTAMONTE SPRINGS, FL 32701