


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90015 032 ***150.00

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**

34001019



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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01052004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1985956

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. 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 type="checkbox"/> Delete
NAME	SMITH, CAMERON	
STREET ADDRESS	225 MARGARITA RD.	
CITY-ST-ZIP	DEBARY, FL 32713	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRITSCH, JOHN	
STREET ADDRESS	739 WILSON ROAD	
CITY-ST-ZIP	WINTER SPRING, FL 32700	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA HIATT	
STREET ADDRESS	334 OLOLU DR	
CITY-ST-ZIP	WINTER PARK 32789	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHY LYNN MURPHY	
STREET ADDRESS	8117 CLARCONA-OCOEE RD	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY MAGER	
STREET ADDRESS	2335 ASHINGTON PARK DR	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD STEVENSON	
STREET ADDRESS	1627 EAGLE NEST CIR	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL DEL CASTILLO	
STREET ADDRESS	1332 CLASSIC DRIVE	
CITY-ST-ZIP	LONGWOOD, FL 32779	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norman E. Klaus 1-20-04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #