


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90261 038 \*\*\*150.00

**DOCUMENT # 658101**

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




Principal Place of Business      Mailing Address  
**605 E. ROBINSON ST.**      **605 E. ROBINSON ST.**  
**SUITE 635**      **SUITE 635**  
**ORLANDO, FL 32801 US**      **ORLANDO, FL 32801 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04072005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1985956**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 checked="" type="checkbox"/> Addition
NAME	Martha Hiatt	
STREET ADDRESS	334 Ololu Drive	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	D	<input type="checkbox"/> Change <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Addition
NAME	Edward Stevenson	
STREET ADDRESS	1627 Eagle Nest Circle	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Del Castillo	
STREET ADDRESS	1332 Classic Drive	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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      Norman E. Klaus      4-13-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #