2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 658101

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

FILED
07 JUL 19 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07162007 Chg-P CR2E034 (12/06)

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 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		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 ☐ **$8.75** Additional Fee Required

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. 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)

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ERICKSON, NEAL 111 WATER OAK ALT. SPGS, FL	☐ Delete	TREASURER FRANK PEREZ 3721 SIR ANDREW ST ORLANDO, FL 32835	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARDS, JOHN 4394 TIDEWATER DR ORLANDO, FL	☐ Delete	7/19	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BELCHER, CHARLES JR 8046 SANDBERRY BLVD ORLANDO, FL 32819	☐ Delete	500106701855 07/25/07--01044--011 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KLAUS, NORMAN 6741 EDGEWORTH DR ORLANDO, FL	☐ Delete	DIRECTOR KLAUS, NORMAN 100 RIVERSIDE DR. UNIT 606A COCOA, FL 32922	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, CAMERON 225 MARGARITA RD. DEBARY, FL 32713	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRITSCH, JOHN 739 WILSON ROAD WINTER SPRING, FL 32700	☐ Delete	VICE-PRES JOHN FRITSCH 2891 SAND BLUFF COVE OVIEDO, FL 32765	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Neal Erickson NEAL ERICKSON 7/15/07 407 491 9941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #