


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

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
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02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERICKSON, NEAL 111 WATER OAK ALT. SPGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, JOHN 4394 TIDEWATER DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELCHER, CHARLES JR 8046 SANDBERRY BLVD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLAUS, NORMAN 100 RIVERSIDE DR., UNIT 606A COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CAMERON 225 MARGARITA RD. DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRITSCH, JOHN 2891 SAND BLUFF COVE OVIEDO, FL 32765

000000847557
 03/19/08-80025-005 150.00

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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:  **John Edwards** **3-3-08**

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