

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 658101

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: PERFUSION ASSOCIATES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

605 E. ROBINSON ST.  
SUITE 635  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

605 E. ROBINSON ST.  
SUITE 635  
ORLANDO, FL 32801 US

**New Mailing Address:**

FEI Number: 59-1985956      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EDWARDS, JOHN  
4394 TIDEWATER DR.  
ORLANDO, FL 32812 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ERICKSON, NEAL  
Address: 111 WATER OAK  
City-St-Zip: ALT. SPGS, FL

Title: D ( ) Delete  
Name: EDWARDS, JOHN  
Address: 4394 TIDEWATER DR  
City-St-Zip: ORLANDO, FL

Title: S ( ) Delete  
Name: BELCHER, CHARLES JR  
Address: 8046 SANDBERRY BLVD  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: KLAUS, NORMAN  
Address: 100 RIVERSIDE DR., UNIT 606A  
City-St-Zip: COCOA, FL 32922

Title: D ( ) Delete  
Name: SMITH, CAMERON  
Address: 225 MARGARITA RD.  
City-St-Zip: DEBARY, FL 32713

Title: V ( ) Delete  
Name: FRITSCH, JOHN  
Address: 2891 SAND BLUFF COVE  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEAL ERICKSON

P

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date