

**FOR PROFIT CORPORATION**

**2003 UNIFORM BUSINESS REPORT (UBR)**

1072  
**AMENDED**

**DOCUMENT #**

658101



**PERFUSION ASSOCIATES OF CENTRAL FLORIDA, INC.**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**03 OCT -6 AM 8:00**

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

**605 E ROBINSON ST**

**3. Mailing Address**

**605 E ROBINSON ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 635**

**SUITE 635**

City & State

City & State

**ORLANDO, FL 32801**

**ORLANDO, FL**

Zip

Country

Zip

Country

**32801**

**USA**

**32801**

**USA**

**4. FEI Number**

**59-1985956**

Applied For

Not Applicable

**5. Certificate of Status Desired**

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **John Edwards**

Street Address (P.O. Box Number is Not Acceptable)

**4394 Tidewater Dr**

City **Orlando**

**FL**

Zip Code

**32812**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**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	<b>D ADDITION</b> <b>MARTHA HIATT</b> <b>334 OLOLU DRIVE</b> <b>WINTER PARK, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADDITION</b> <b>KATHY LYNN MURPHY</b> <b>8117 CLARCONA-OCOE RD</b> <b>ORLANDO, FL 32818</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADDITION</b> <b>JEFFREY MAGER</b> <b>2335 ASHINGTON PARK DR</b> <b>APOPKA, FL 32703</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADDITION</b> <b>EDWARD STEVENSON</b> <b>1627 EAGLE NEST CIRCLE</b> <b>WINTER SPRINGS, FL 32708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADDITION</b> <b>DANIEL DEL CASTILLO</b> <b>1332 CLASSIC DRIVE</b> <b>LONGWOOD, FL 32779</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>60002382656</b> <b>10/15/03--01089--010 *\$61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)


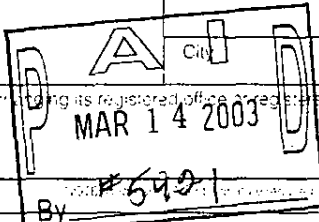
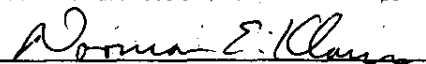
**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Norman E. Klaus* **NORMAN E. KLAUS** 9-30-03 407-843-5406

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

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2921

<b>DOCUMENT # 658101</b> 1. Entity Name <b>PERFUSION ASSOCIATES OF CENTRAL FLORIDA, INC.</b>			
Principal Place of Business <b>605 E. ROBINSON ST. SUITE 635 ORLANDO FL 32801 US</b>		Mailing Address <b>605 E. ROBINSON ST. SUITE 635 ORLANDO FL 32801 US</b>	
2. Principal Place of Business Suite, Apt # etc		3. Mailing Address Suite, Apt # etc	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <b>59-1985956</b>		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Due Now <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>EDWARDS, JOHN 4394 TIDEWATER DR. ORLANDO FL 32812</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is not acceptable) City State <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both in the State of Florida. I am familiar with and authorize the change of registered agent.			
SIGNATURE 		By <b>5901</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
<b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ERICKSON, NEAL</b> <b>111 WATER OAK</b> <b>ALT. SPGS FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>EDWARDS, JOHN</b> <b>4394 TIDEWATER DR</b> <b>ORLANDO FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BELCHER, CHARLES JR</b> <b>8046 SANDBERRY BLVD</b> <b>ORLANDO FL 32819</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KLAUS, NORMAN</b> <b>6741 EDGEWORTH DR</b> <b>ORLANDO FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, CAMERON</b> <b>225 MARGARITA RD.</b> <b>DEBARY FL 32713</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRITSCH, JOHN</b> <b>739 WILSON ROAD</b> <b>WINTER SPRING FL 32700</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> 		<b>NORMAN E. KLAUS</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>9-30-03</b> Daytime Phone # <b>407-843-5406</b>	