

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 658101

FILED
Feb 01, 2024
Secretary of State
1044042379CC

Entity Name: PERFUSION ASSOCIATES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

934 N. MAGNOLIA AVENUE
SUITE 100
ORLANDO, FL 32803

Current Mailing Address:

934 N. MAGNOLIA AVENUE
SUITE 100
ORLANDO, FL 32803 US

FEI Number: 59-1985956

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ERICKSON, NEAL
934 N. MAGNOLIA AVENUE
SUITE 100
ORLANDO, FL 32803 US

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: NEAL ERICKSON

02/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name ERICKSON, NEAL
Address 111 WATER OAK
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title OFFICER
Name FRITSCH, JOHN
Address 2891 SAND BLUFF COVE
City-State-Zip: OVIEDO FL 32765

Title OFFICER
Name SHARE, BRIAN
Address 114 PINE NEEDLE LANE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TREASURER
Name WOLFE, AUSTIN
Address 840 W. LYMAN AVENUE
City-State-Zip: WINTER PARK FL 32789

Title OFFICER
Name LISTER, RALPH AMMON
Address 703 CLUBWOOD COURT
City-State-Zip: WINTER SPRINGS FL 32708

Title SECRETARY
Name STRAUB, EMORY
Address 1216 CHICHESTER ST.
City-State-Zip: ORLANDO FL 32803

Title VP
Name JOHNSON, EVAN S
Address 888 MAXWELL ST
City-State-Zip: ORLANDO FL 32804

Title OFFICER
Name RODRIGUEZ, MARIANGIE
Address 4848 BROOK SPRING COURT
City-State-Zip: OVIEDO FL 32765

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I hereby 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 all other like empowered.

SIGNATURE: AUSTIN WOLFE

TREASURER

02/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name COOK, KILEY
Address 1930 YORKSHIRE DRIVE
City-State-Zip: WINTER PARK FL 32792

Title OFFICER
Name SIERER, SHONTELLE
Address 677 BROOKS FIELD DR.
City-State-Zip: WINTER GARDEN FL 34787

Title OFFICER
Name NOBLES, JOSHUA
Address 710 S. PRIMROSE DR.
City-State-Zip: ORLANDO FL 32803

Title OFFICER
Name MUSE, LEAH J
Address 10 W EVAN STREET
City-State-Zip: ORLANDO FL 32804