

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 658101

**FILED**  
**Feb 22, 2023**  
**Secretary of State**  
**0737158142CC**

**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

02/22/2023

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

Title SECRETARY  
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

02/22/2023

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