

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 658101

FILED
Jan 22, 2019
Secretary of State
1055041948CC

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

01/22/2019

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 S
Name BELCHER, CHARLES JR
Address 8046 SANDBERRY BLVD
City-State-Zip: ORLANDO FL 32819

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

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

Title SECRETARY
Name HIATT, MARTHA
Address 334 OLOLU DRIVE
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY
Name WOLFE, AUSTIN
Address 3330 N. ORANGE AVENUE
City-State-Zip: ORLANDO FL 32803

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

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: NEAL ERICKSON

PRESIDENT

01/22/2019

Electronic Signature of Signing Officer/Director Detail

Date