

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 658101

**FILED  
Mar 25, 2014  
Secretary of State  
CC0154187334**

**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:**

EDWARDS, JOHN  
4394 TIDEWATER DR.  
ORLANDO, FL 32812 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:** \_\_\_\_\_

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 D  
Name EDWARDS, JOHN  
Address 4394 TIDEWATER DR  
City-State-Zip: ORLANDO FL 32812

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

Title T  
Name STEVENSON, EDWARD C  
Address 1627 EAGLE NEST CIRCLE  
City-State-Zip: WINTER SPRINGS FL 32708

Title D  
Name SMITH, CAMERON  
Address 225 MARGARITA RD.  
City-State-Zip: DEBARY FL 32713

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

*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:** EDWARD STEVENSON

**TREASURER**

**03/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date