

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 658101

FILED
Jan 12, 2017
Secretary of State
CC2634075056

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

Title SECRETARY
Name SHARE, BRIAN
Address 9048 SUMMIT CENTRE WAY
#307
City-State-Zip: ORLANDO FL 32810

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

Continues on page 2

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

01/12/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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