

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 658101

1. Entity Name
PERFUSION ASSOCIATES OF CENTRAL FLORIDA, INC.



Principal Place of Business

**605 E. ROBINSON ST.
SUITE 635
ORLANDO, FL 32801 US**

Mailing Address

**605 E. ROBINSON ST.
SUITE 635
ORLANDO, FL 32801 US**



03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1985956

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EDWARDS, JOHN
4394 TIDEWATER DR.
ORLANDO, FL 32812**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERICKSON, NEAL 111 WATER OAK ALT. SPGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, JOHN 4394 TIDEWATER DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELCHER, CHARLES JR 8046 SANDBERRY BLVD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLAUS, NORMAN 6741 EDGEWORTH DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CAMERON 225 MARGARITA RD. DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRITSCH, JOHN 739 WILSON ROAD WINTER SPRING, FL 32700

1000000675550
03/30/07-80023-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-07

Date

Daytime Phone #