

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 658101

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



FILED

07 JUL 19 PM 1:56

STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07162007

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

EDWARDS, JOHN
4394 TIDEWATER DR.
ORLANDO, FL 32812

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ERICKSON, NEAL ☐ Delete
STREET ADDRESS 111 WATER OAK
CITY-ST-ZIP ALT. SPGS, FL

TITLE TREASURER
NAME FRANK PEREZ ☐ Change ☒ Addition
STREET ADDRESS 3721 SIR ANDREW ST
CITY-ST-ZIP ORLANDO, FL 32835

TITLE D
NAME EDWARDS, JOHN ☐ Delete
STREET ADDRESS 4394 TIDEWATER DR
CITY-ST-ZIP ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME BELCHER, CHARLES JR ☐ Delete
STREET ADDRESS 8046 SANDBERRY BLVD
CITY-ST-ZIP ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME KLAUS, NORMAN ☐ Delete
STREET ADDRESS 6741 EDGEWORTH DR
CITY-ST-ZIP ORLANDO, FL

TITLE DIRECTOR
NAME KLAUS, NORMAN ☒ Change ☐ Addition
STREET ADDRESS 100 RIVERSIDE DR. UNIT 606A
CITY-ST-ZIP COCOA, FL 32922

TITLE D
NAME SMITH, CAMERON ☐ Delete
STREET ADDRESS 225 MARGARITA RD.
CITY-ST-ZIP DEBARY, FL 32713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME FRITSCH, JOHN ☐ Delete
STREET ADDRESS 739 WILSON ROAD
CITY-ST-ZIP WINTER SPRING, FL 32700

TITLE VICE-PRES
NAME JOHN FRITSCH ☒ Change ☐ Addition
STREET ADDRESS 2891 SAND BLUFF COVE
CITY-ST-ZIP OVIEDO, FL 32765

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:

Neal Erickson

NEAL ERICKSON

7/15/07

407 491 9941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #