

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
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**



02212008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ERICKSON, NEAL
STREET ADDRESS	111 WATER OAK
CITY-ST-ZIP	ALT. SPGS, FL
TITLE	D
NAME	EDWARDS, JOHN
STREET ADDRESS	4394 TIDEWATER DR
CITY-ST-ZIP	ORLANDO, FL
TITLE	S
NAME	BELCHER, CHARLES JR
STREET ADDRESS	8046 SANDBERRY BLVD
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D
NAME	KLAUS, NORMAN
STREET ADDRESS	100 RIVERSIDE DR., UNIT 606A
CITY-ST-ZIP	COCOA, FL 32922
TITLE	D
NAME	SMITH, CAMERON
STREET ADDRESS	225 MARGARITA RD.
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	V
NAME	FRITSCH, JOHN
STREET ADDRESS	2891 SAND BLUFF COVE
CITY-ST-ZIP	OVIEDO, FL 32765

U000000847557
03/19/08-80025-005 150.00

**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

John Edwards
John Edwards

3-3-08

Date

Daytime Phone #