

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **K89933**

1. Entity Name

PROFESSIONAL PERFUSION ASSOC. INC

FILED

02 DEC -9 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14120 HARPERS FERRY ST

Suite, Apt. #, etc.

3. Mailing Address

14120 HARPERS FERRY ST

Suite, Apt. #, etc.

City & State

DAVIE FL

Zip

33325

Country

City & State

DAVIE FL

Zip

33325

Country

4. FEI Number

65-0126879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JOHN INGRAM**

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

14120 HARPERS FERRY ST

City **DAVIE**

FL

Zip Code

33325

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PRES**
NAME **JOHN M. INGRAM**
STREET ADDRESS **14120 HARPERS FERRY ST**
CITY - ST - ZIP **DAVIE FL 33325**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200009313682
12/03/02-01029-014 **150.00

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/07 954-557-5880

CR2E034B (12/01)

Professional Perfusion Assoc., Inc.
14120 Harpers Ferry Street
Davie, FL 33325
FEI# 65-0126879

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

November 22, 2002

My corporation has received a notice of dissolution for which I disagree. My annual report was filed on time in February 2002. I tried to find the cancelled check but it never cleared the bank so I assume it and the report are lost. I have an excellent history of filing my report on time as shown on the corporate detail record screen enclosed. Please accept my check for \$150.00 and my business report. The reinstatement fee of \$750.00 is too much for me during this downturn in the economy.

Thank you for your assistance.

Sincerely,

John Ingram

