Amended

FILED

03 DEC 10 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K89933

1. Entity Name
PROFESSIONAL PERFUSION ASSOCIATES, INC.

Principal Place of Business	Mailing Address
14120 HARPERS FERRY STREET DAVIE, FL 33325	207 STRATFORD DR. INDIAN TRAIL, NC 28079

2. Principal Place of Business	3. Mailing Address
7061 W. Commercial Blvd	
Suite, Apt. #, etc.: Suite 5L	Suite, Apt. #, etc.: same as # 2
City & State: Tamarac, FL	City & State
Zip: 33319 Country: USA	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0126879 ☐ 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
INGRAM, JOHN M. 14120 HARPERS FERRY ST DAVIE, FL 33325	Name: Linda Diamond Street Address (P.O. Box Number Is Not Acceptable): 6067 Southport Dr City: Boynton Beach FL Zip Code: 33437

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: Linda C Diamond 12/8/03
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, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P INGRAM, JOHN M. 14120 HARPERS FERRY ST DAVIE, FL 33325	☑ Delete	President Leon Lapto 7061 W Commercial Blvd Suite 5L Tamarac, FL 33319	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Vice President Linda Diamond 7061 W Commercial Blvd Tamarac FL 33319	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900025400619 12/10/03--01070--009 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda C Diamond 12/8/03 954-722-5440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #