

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K99018

FILED  
Jul 15, 2008  
Secretary of State

**Entity Name:** PERFUSION ASSOCIATES OF WEST FLORIDA, INC.

**Current Principal Place of Business:**

4380 GRANDPOINTE PLACE  
PENSACOLA, FL 32514 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11425  
PENSACOLA, FL 32504 US

**New Mailing Address:**

**FEI Number:** 59-2956035

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BALL, BRADEN K JR  
226 SOUTH PALAFOX STREET, STE. 9  
PENSACOLA, FL 32598 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GRILLO, MICHAEL A  
Address: P.O. BOX 11425  
City-St-Zip: PENSACOLA, FL 32504 US

Title: VP ( ) Delete  
Name: GRILLO, MICHAEL  
Address: P.O. BOX 11425  
City-St-Zip: PENSACOLA, FL 32504 US

Title: VP ( ) Delete  
Name: MYERS, GREG  
Address: P.O. BOX 11425  
City-St-Zip: PENSACOLA, FL 32504 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MICHAEL GRILLO

P

07/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date