

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L22487

FILED
Apr 11, 2002 8:00 AM
Secretary of State

Entity Name: CERTIFIED PERFUSION ASSOCIATES, INC.

Current Principal Place of Business:

% ANTHONY E. BLACKBURN
4112 POMPANO LANE
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

% ANTHONY E. BLACKBURN
4112 POMPANO LANE
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 65-0172626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, G. JOSEPH
1206 MANATEE AVENUE WEST
BRADENTON, FL 34205 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BLACKBURN, ANTHONY E. .
Address: 4112 POMPANO LANE
City-St-Zip: PALMETTO, FL

Title: T () Delete
Name: BLACKBURN, EILEEN M.,
Address: 4112 POMPANO LANE
City-St-Zip: PALMETTO, FL

Title: S () Delete
Name: BLACKBURN, ANTHONY E. .
Address: 4112 POMPANO LANE
City-St-Zip: PALMETTO, FL 34221

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 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 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: ANTHONY E BLACKBURN

DP

04/11/2002

Electronic Signature of Signing Officer or Director

Date