2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L22487

FILED Apr 20, 2005 Secretary of State

Entity Name: CERTIFIED PERFUSION ASSOCIATES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
112 PON	DNY E. BLACK IPANO LANE O, FL 34221	BURN		
Current Mailing Address:		ss:	New Mailing Address:	
112 PON	NY E. BLACK IPANO LANE O, FL 34221	BURN		
El Number	: 65-0172626	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:
206 MAN	N, G. JOSEPH IATEE AVENU	IE WEST		
RADENI	ΓΟΝ, FL 3420:	5 US		
he above	·		ourpose of changing its registere	ed office or registered agent, or both,
he above	e named entity e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
he above the State	e named entity e of Florida. RE:			ed office or registered agent, or both, Date
the above the State	e named entity e of Florida. RE: Electro	submits this statement for the բ		
he above the State GNATU	e named entity e of Florida. RE: Electro	submits this statement for the particles of Registered Agragations (1).	ent	
he above the State GNATU	e named entity e of Florida. RE: Electrol mpaign Financin S AND DIREC	submits this statement for the particles of Registered Agriculture of Registered Agriculture (1). STORS:) Delete ANTHONY E, .	ent	Date
the above the State IGNATUI Iection Car OFFICER ittle: ame: ddress:	e named entity e of Florida. RE: Electroi mpaign Financin S AND DIRECT DP (BLACKBURN, 4112 POMPAN PALMETTO, FI	submits this statement for the prince Signature of Registered Agrig Trust Fund Contribution (). STORS:) Delete ANTHONY E, . IO LANE) Delete EILEEN M., IO LANE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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 04/20/2005