

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L22487

FILED
Sep 30, 2010
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 (X)

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:

BLACKBURN, ANTHONY E
4112 POMPANO LANE
PALMETTO, FL 34221 US

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: ANTHONY E. BLACKBURN

09/30/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY E. BLACKBURN

DP

09/30/2010

Electronic Signature of Signing Officer or Director

Date