

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L22487

FILED  
May 01, 2003  
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

**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

05/01/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date