2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005096

FILED
Jan 05, 2011
Secretary of State

Entity Name: FLORIDA PERFUSION SOCIETY, INC.

Current Principal Place of Business:

17080 SAFETY ST., SUITE 109
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

17080 SAFETY ST., SUITE 109
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 65-1118647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRYAN, LICH
17080 SAFETY ST., SUITE 108
FORT MYERS, FL 33908 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

OFFICERS AND DIRECTORS:

Title: D
Name: CERVENTES, CINTHIA
Address: 7120 SW 20TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: PRES
Name: MARTIN, MARK
Address: 3846 SW 105 STREET
City-St-Zip: GAINESVILLE, FL

Title: T
Name: LICH, BRYAN
Address: 17080 SAFETY STREET
City-St-Zip: FT. MYERS, FL 33908

Title: S
Name: ELLIS, TUNISIA
Address: PO BOX 2512
City-St-Zip: BONITA SPRINGS, FL 34133

Title: D
Name: SEAN, MURTHA
Address: 1849 MARINERS LANE
City-St-Zip: WESTON, FL 33327

Title: VP
Name: PACHECO, SCOTT
Address: 5601 HAWKâ€™S BLUFF AVE.
City-St-Zip: DAVIE, FL 33331

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRYAN V. LICH TRES 01/05/2011
Electronic Signature of Signing Officer or Director Date