

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000103518

1. Entity Name

FLORIDA PERFUSION SERVICES, INC.



Principal Place of Business

603 7TH STREET SOUTH STE 450
ST PETERSBURG, FL 33701

Mailing Address

603 7TH STREET SOUTH STE 450
ST PETERSBURG, FL 33701



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number

11-3656619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRONSTEIN, JOEL D
150 SECOND AVE NORTH STE 1100
ST PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000106611
04/08/04-80022-015 150.00

10. OFFICERS AND DIRECTORS

TITLE V
NAME BOTERO, LUIS M
STREET ADDRESS 603 7TH STREET SOUTH STE 450
CITY - ST - ZIP ST PETERSBURG, FL 33701

TITLE P
NAME QUINTESSENZA, JAMES A
STREET ADDRESS 603 7TH STREET SOUTH STE 450
CITY - ST - ZIP ST PETERSBURG, FL 33701

TITLE ST
NAME VAN GELDER, HUGH M
STREET ADDRESS 603 7TH STREET SOUTH STE 450
CITY - ST - ZIP ST PETERSBURG, FL 33701

TITLE D
NAME JACOBS, JEFFREY P
STREET ADDRESS 603 7TH STREET SOUTH STE 450
CITY - ST - ZIP ST PETERSBURG, FL 33701

TITLE D
NAME FORESTER, LYNN
STREET ADDRESS 603 9TH ST S STE 450
CITY - ST - ZIP SAINT PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/05/04.