

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90068 024 \*\*\*150.00

DOCUMENT #P02000103518

1. Entity Name  
FLORIDA PERFUSION SERVICES, INC.



Principal Place of Business  
6006 49TH STREET NORTH, #310  
ST PETERSBURG, FL 33709

Mailing Address  
6006 49TH STREET NORTH, #310  
ST PETERSBURG, FL 33709

40041433



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

11-3656619

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARL, TODD  
6006 49TH ST NORTH  
SUITE 310  
SAINT PETERSBURG, FL 33709

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOTERO, LUIS M	
STREET ADDRESS	603 7TH STREET SOUTH STE 450	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE	P	<input type="checkbox"/> Delete
NAME	QUINTESSENZA, JAMES A	
STREET ADDRESS	603 7TH STREET SOUTH STE 450	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VAN GELDER, HUGH M	
STREET ADDRESS	603 7TH STREET SOUTH STE 450	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, JEFFREY P	
STREET ADDRESS	603 7TH STREET SOUTH STE 450	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORESTER, LYNN	
STREET ADDRESS	603 9TH ST S STE 450	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/15/07

Date

Daytime Phone #