2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103518

City-St-Zip:

ST PETERSBURG, FL 33701

Entity Name: FLORIDA PERFUSION SERVICES, INC.

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	HSTREET NO RSBURG, FL (
Current Mailing Address:			New Mailing Address:		
	H STREET NO RSBURG, FL (
FEI Number	: 11-3656619	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SUITE 310	ST NORTH	FL 33709 US			
	e named entity e of Florida.	submits this statement for the	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	QUINTESSENZ	ET SOUTH STE 450	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VAN GELDER,	ET SOUTH STE 450	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	JACOBS, JEFF) Delete REY P ET SOUTH STE 450	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: TODD CARL RA 03/31/2009