

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000103518

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA PERFUSION SERVICES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 11-3656619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARL, TODD  
6006 49TH ST NORTH  
SUITE 310  
SAINT PETERSBURG, FL 33709 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:** P  
**Name:** QUINTESSENZA, JAMES A  
**Address:** 603 7TH STREET SOUTH STE 450  
**City-St-Zip:** ST PETERSBURG, FL 33701

**Title:** ST  
**Name:** VAN GELDER, HUGH M  
**Address:** 603 7TH STREET SOUTH STE 450  
**City-St-Zip:** ST PETERSBURG, FL 33701

**Title:** D  
**Name:** JACOBS, JEFFREY P  
**Address:** 603 7TH STREET SOUTH STE 450  
**City-St-Zip:** ST PETERSBURG, FL 33701

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

**SIGNATURE:** JAMES A QUINTESSENZA

P

02/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date