2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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

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, MD P 04/19/2011

Electronic Signature of Signing Officer or Director — Date