

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 10 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000050730

1. Entity Name
NORTH FLORIDA PERFUSION, P.A.



Principal Place of Business
1121 N.W. 64TH TERR.
SUITE A
GAINESVILLE, FL 32605

Mailing Address
1121 N.W. 64TH TERR.
SUITE A
GAINESVILLE, FL 32605

2. Principal Place of Business
1121 NW 64 Terr
Suite, Apt. #, etc. Suite B

3. Mailing Address
1121 NW 64 Terr
Suite, Apt. #, etc. Suite B



10092006 REIN-P CR2E098 (11/05)

City & State
Gainesville, FL
Zip 32605 Country USA

City & State
Gainesville, FL
Zip 32607 Country USA

4. FEI Number
20-0876895
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNYDER, JEFFERY S M.D.
1121 N.W. 64TH TERR.
GAINESVILLE, FL 32605

7. Name and Address of New Registered Agent

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

10-09-06

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	SYNDER, JEFFREY M	1121 NW 64 TERR SUITE A	GAINESVILLE, FL 32605	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Snyder, Jeffery	1121 NW 64 Terr Suite B	Gainesville, FL 32605	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

10-09-06

DATE

3523313583

Daytime Phone #