

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000019342

FILED  
Jan 12, 2011  
Secretary of State

Entity Name: PDC PERFUSION RESOURCES, INC.

**Current Principal Place of Business:**

17080 SAFETY STREET SUITE 109  
FT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

17080 SAFETY STREET SUITE 109  
FT MYERS, FL 33908

**New Mailing Address:**

FEI Number: 20-8465747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LICH, BRYAN C  
17080 SAFETY STREET SUITE 109  
FT MYERS, FL 33908 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: PD  
Name: CHACON, IRIS J  
Address: 8141 NW 186TH STREET  
City-St-Zip: REDDICK, FL 32686

Title: VD  
Name: LICH, BRYAN C  
Address: 500 KEENAN AVE  
City-St-Zip: FT MYERS, FL 33919

Title: SD  
Name: LICH, BRYAN C  
Address: 500 KEENAN AVE  
City-St-Zip: FT MYERS, FL 33919

Title: T  
Name: CHACON, IRIS J  
Address: 8141 NW 186TH STREET  
City-St-Zip: REDDICK, FL 32686

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: IRIS J CHACON

PD

01/12/2011

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

\_\_\_\_\_  
Date