


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

112

DOCUMENT # M02000000593 1. Entity Name PERFUSION RESOURCE ASSOCIATION, L.L.C.	
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Principal Place of Business 95 HAYDEN AVE. LEXINGTON, MA 02420	Mailing Address ATTN: TAX DEPT., 95 HAYDEN AVE. LEXINGTON, MA 02420
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DO NOT WRITE IN THIS SPACE

FILED

05 MAR 29 AM 10: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03042005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 36-4227087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LESTER, JOE 95 HAYDEN AVENUE LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAASKE, ERIC 95 HAYDEN AVENUE LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAEBTAKIS, M.D., DR. PAUL 95 HAYDEN AVENUE LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Paul Colantonio      Paul Colantonio    3/18/05    781-402-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

**PERFUSION RESOURCE ASSOCIATION, L.L.C.**

FEIN 36-4227087

LIST OF OFFICERS AND DIRECTORS  
EFFECTIVE 10/10/03

<b>MANAGER</b>
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PAUL ZABETAKIS, M.D.

<b>BUSINESS</b>
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95 HAYDEN AVENUE  
LEXINGTON, MA 02420