


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90273 001 ***100.00

30004115



DOCUMENT # M02000000593					
1. Entity Name PERFUSION RESOURCE ASSOCIATION, L.L.C.					
Principal Place of Business 95 HAYDEN AVE. LEXINGTON, MA 02420			Mailing Address ATTN: TAX DEPT., 95 HAYDEN AVE. LEXINGTON, MA 02420		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03232006 Chg-LLC CR2E083 (11/05)	
Zip		Country		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			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee Is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTER, JOE		NAME		
STREET ADDRESS	95 HAYDEN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, MA 02420		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAASKE, ERIC		NAME		
STREET ADDRESS	95 HAYDEN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, MA 02420		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAEBTAKIS, M.D., DR. PAUL		NAME		
STREET ADDRESS	95 HAYDEN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, MA 02420		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	See Attached	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. 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 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: <u>Paul J. Colantonio</u>			Assistant Treasurer		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <u>3/23/06</u>		Daytime Phone #: <u>781-402-9000</u>

ATTACHMENT

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PERFUSION RESOURCE ASSOCIATION, L.L.C.

FEIN 36-4227087

**LIST OF OFFICERS AND DIRECTORS
EFFECTIVE 12/12/05**

DIRECTORS	OFFICE	BUSINESS
PAUL ZABETAKIS, M.D.	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02420
RICE POWELL	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02420
OFFICERS	OFFICE	BUSINESS
PAUL ZABETAKIS, M.D.	CEO & PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
RONALD J. KUERBITZ	EXEC. VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
MICHAEL BROSANAN	CFO	95 HAYDEN AVENUE LEXINGTON, MA 02420
ERIC MAASKE	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
KENT WANZEK	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
LIAM WALSH	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
BRIAN WIECK	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARK FAWCETT	TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
PAUL J. COLANTONIO	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARC S. LIEBERMAN	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
DOUGLAS G. KOTT	SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420
ALLISON ALLEN	ASSISTANT SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420

**CORPORATE HEADQUARTERS
95 HAYDEN AVENUE
LEXINGTON, MA 02420-9192**

ATTACHMENT

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PO Box 6478 Changes in LLC
Perfusion Resource Association, LLC
The Extracorporeal Alliance, LLC

M02000000593	36-4227087	\$	50.00	\$	-	\$	50.00
M04000000454	36-4122087	\$	50.00	\$	-	\$	50.00
		\$	100.00	\$	-	\$	100.00

Check Total \$100.00
Check # 206001