


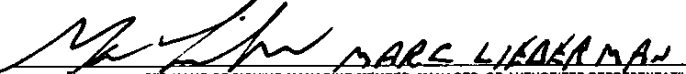
**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90180 001 \*\*\*450.00

**30006111**



<b>DOCUMENT # M02000000593</b>					
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 - No P.O. Box # 920 Winter St		3. Mailing Address same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Waltham, MA		City & State		4. FEI Number 36-4227087	
Zip 02451		Country		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			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COLANTONIO, PAUL J 95 HAYDEN AVENUE LEXINGTON, MA 02420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	920 Winter Street Waltham, MA 02451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAASKE, ERIC 95 HAYDEN AVENUE LEXINGTON, MA 02420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MGRM 920 Winter Street Waltham, MA 02451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAEBTAKIS, M.D., DR. PAUL 95 HAYDEN AVENUE LEXINGTON, MA 02420	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rice Powell 920 Winter Street Waltham, MA 02451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ALLEN, ALLISON 95 HAYDEN AVE LEXINGTON, MA 02420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Celeste E. O'Keefe 920 Winter Street Waltham, MA 02451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOTT, DOUGLAS G 95 HAYDEN AVE LEXINGTON, MA 02420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	920 Winter Street Waltham, MA 02451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LIEBERMAN, MARC S 95 HAYDEN AVE LEXINGTON, MA 02420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	920 Winter Street Waltham, MA 02451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:  MARC LIEBERMAN 4/25/07				781-699-9000 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					