


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90102 009 \*\*\*138.75

**DOCUMENT # M0200000593**

1. Entity Name  
**PERFUSION RESOURCE ASSOCIATION, L.L.C.**



Principal Place of Business  
**920 WINTER ST  
 WALTHAM, MA 02451**

Mailing Address  
**920 WINTER ST  
 WALTHAM, MA 02451**

**50002968**



2. Principal Place of Business - No P.O. Box #  
**3100 West End Avenue**

3. Mailing Address  
**3100 West End Avenue**

Suite, Apt. #, etc.  
**Suite 150**

Suite, Apt. #, etc.  
**Suite 150**

03122008 Chg-LLC CR2E083 (12/06)

City & State  
**Nashville, TN**

City & State  
**Nashville, TN**

4. FEI Number  
**36-4227087**

Applied For  
 Not Applicable

Zip  
**37203**

Country  
**USA**

Zip  
**37203**

Country  
**USA**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS NETWORK, INC.  
 11380 PROSPERITY FARMS ROAD #221E  
 PALM BEACH GARDENS, FL 33410**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COLANTONIO, PAUL J 920 WINTER ST WALTHAM, MA 02451	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAASKE, ERIC 920 WINTER ST WALTHAM, MA 02451	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, RICE 920 WINTER ST WALTHAM, MA 02451	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS O'KEEFE, CELESTE E 920 WINTER ST WALTHAM, MA 02451	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOTT, DOUGLAS G 920 WINTER ST WALTHAM, MA 02451	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LIEBERMAN, MARC S 920 WINTER ST WALTHAM, MA 02451	<input checked="" type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gary A. Brukart 3100 West End Avenue, Suite 150 Nashville, TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR David W. Holst 3100 West End Avenue, Suite 150 Nashville, TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR James C. Lordeman 3100 West End Avenue, Suite 150 Nashville, TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Franklin W. Maddux 3100 West End Avenue, Suite 150 Nashville, TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR David M. Maloney 3100 West End Avenue, Suite 150 Nashville, TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR C. Courtney Vanderveer 3100 West End Avenue, Suite 150 Nashville, TN 37203	<input type="checkbox"/> Change <input checked="" 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:** *James C. Lordeman* **03/27/08** **(615) 345-5580**

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

Additional Manager of Perfusion Resource Association, LLC

Addition Ben J. Lipps

MGR 920 Winter Street Waltham, MA 02451

ATTACHMENT  
~~50002968~~  
M02000000593