FILED Apr 15, 2008 8:00 am

2000	ANNUAL REPORT	_11
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ANNUAL REPORT				Secretary of State						
DOCUMENT # M0200000593				04-15-2008 90102 009 ***138.75						
1. Entity Name PERFUSION RESOURCE ASSOCIATION, L.L.C.										
Principal Place	e of Business	Mailing Address			-					
920 WINTER Waltham, M		920 WINTER ST Waltham, Ma 02451		,			500	02968		
•	ace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, et		3100 West End Suite, Apt. #, etc. Suite 150	Avenue		03122008	Chg-LLC	CR2E	:083 (12/06)		
City & State		City & State Nashville, TN	City & State			4. FEI Number Applied For 36-4227087 Not Applicable				
Zip 37203	Country USA	Zip (Country USA			of Status Desired		\$5.00 Addi	tional	
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New	Registered	Agent		
COPPOR	ATE CREATIONS NETWORK,	NC	Name			_			Ţ	
11380 PR	OSPERITY FARMS ROAD #22 ACH GARDENS, FL 33410		Street A	Street Address (P.O. Box Number is Not Acceptable)						
	: e		City		FL Zip Code					
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	istered office o	r registere	ed agent, or bot	h, in the State of	Florida. I an	n familiar with, a	and accept	
SIGNATURE .							DATE			
	Signature, typed or printed name of registered agent a NOWILL FEE IS \$138.75 71, 2008 Fee will be \$538.75		gistered Agent signal	are required	ni vii vii vii vii vii vii vii vii vii v		ake check	payable to ment of State		
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITION	IS/CHANGE	ES .		
TITLE	AT	■ Delete	TITLE	MGR		3.	.,	☐ Change	Addition	
NAME	COLANTONIO, PAUL J		PIPANE	_	A. Bruka	rat L Avenue,	Cuite	150		
STREET ADDRESS CITY-ST-ZIP	920 WINTER ST WALTHAM, MA 02451		0	1	ville, TN		Suite	130		
TITLE	MGRM	Delete	TITLE	MGR	TITC, II	37203		☐ Change	Addition	
NAME	MAASKE, ERIC		NAME 1	1	W. Hols]	
STREET ADDRESS CITY-ST-ZIP	920 WINTER ST WALTHAM, MA 02451		STREET ADDRESS CITY-ST-ZIP		West End ille, TN	l Avenue, I 37203	Suite	150	1	
TITLE	MGRM	Delete	TITLE	MGR	C. Lord			☐ Change	■ Addition	
NAME STREET ADDRESS	POWELL, RICE 920 WINTER ST		NAME STREET ADDRESS			l Avenue,	Suite	150		
CITY-ST-ZIP	WALTHAM, MA 02451		CITY-ST-ZIP	Nashv	ville, TN	37203				
TITLE NAME	AS O'KEEFE, CELESTE E	■ Delete	TITLE NAME	MGR Frank	klin W. N	laddux		Change	Addition	
STREET ADDRESS	920 WINTER ST			3100	West End	l Avenue,	Suite	150		
CITY-ST-ZIP	WALTHAM, MA 02451		CITY-ST-ZIP		/ille, TN	37203				
TITLE	S KOTT DOUGLAS C	Detete Detete	TITLE NAME	MGR David	d M. Malo	onev		☐ Change	Addition	
NAME STREET ADORESS	KOTT, DOUGLAS G 920 WINTER ST					d Avenue,	Suite	150	Ì	
CITY-ST-ZIP	WALTHAM, MA 02451		CITY-ST-ZIP	Nashy	ville, Ti	-				
TITLE	AT	■ Delete	TITLE	MGR		/andervee:	 r	☐ Change	Addition	
NAME STREET ADDRESS	LIEBERMAN, MARC S 920 WINTER ST		NAME STREET ADDRESS		-	l Avenue,		150		
CITY-ST-ZIP	WALTHAM, MA 02451		CITY-ST-ZIP	Nashv	ville, Ti	37203			ı	
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 lightly company of the conjugate true to appear to the conjugate true true to appear to the conjugate true true to appear to the conjugate true true true true true true true tr										

SIGNATURE: April Forlinan	03/27/08	(615) 345-5580
SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #

ATTACHMENT 50002968 M0200000593

Additional Manager of Perfusion Resource Association, LLC

Ben J. Lipps

Addition

920 Winter Street Waltham, MA 02451

MGR