

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000593

FILED
Aug 05, 2009
Secretary of State

Entity Name: PERFUSION RESOURCE ASSOCIATION, L.L.C.

Current Principal Place of Business:

3100 W END AVE STE 150
NASHVILLE, TN 37203

New Principal Place of Business:

Current Mailing Address:

3100 W END AVE STE 150
NASHVILLE, TN 37203

New Mailing Address:

FEI Number: 36-4227087 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRUKARDT, GARY A
Address: 3100 W END AVE STE 150
City-St-Zip: NASHVILLE, TN 37203

Title: MGR () Delete
Name: HOLST, DAVID W
Address: 3100 W END AVE STE 150
City-St-Zip: NASHVILLE, TN 37203

Title: MGR (X) Delete
Name: LORDEMAN, JAMES C
Address: 3100 W END AVE STE 150
City-St-Zip: NASHVILLE, TN 37203

Title: MGR (X) Delete
Name: MADDOX, FRANKLIN W
Address: 3100 W END AVE STE 150
City-St-Zip: NASHVILLE, TN 37203

Title: MGR (X) Delete
Name: MALONEY, DAVID M
Address: 3100 W END AVE STE 150
City-St-Zip: NASHVILLE, TN 37203

Title: MGR (X) Delete
Name: VANDERVEER, C. COURTNEY
Address: 3100 W END AVE STE 150
City-St-Zip: NASHVILLE, TN 37203

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: BRUKARDT, GARY A DIRECTR
Address: 3100 W END AVE STE 150
City-St-Zip: NASHVILLE, TN 37203

Title: S (X) Change () Addition
Name: GRIFFIN, CHRISTI D SECRTY
Address: 3100 W END AVE STE 150
City-St-Zip: NASHVILLE, TN 37203

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTI D. GRIFFIN

S

08/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date