

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000593

FILED  
Aug 04, 2010  
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:**

3100 W END AVE  
SUITE 800  
NASHVILLE, TN 37203

**Current Mailing Address:**

3100 W END AVE STE 150  
NASHVILLE, TN 37203

**New Mailing Address:**

3100 W END AVE  
SUITE 800  
NASHVILLE, TN 37203

FEI Number: 36-4227087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: DCEO  
Name: BRUKARDT, GARY A  
Address: 3100 W END AVE STE 800  
City-St-Zip: NASHVILLE, TN 37203

Title: DS  
Name: GRIFFIN, CHRISTI D  
Address: 3100 W END AVE STE 800  
City-St-Zip: NASHVILLE, TN 37203

Title: DP  
Name: CRUTCHFIELD, SUSAN L  
Address: 3100 W END AVE STE 800  
City-St-Zip: NASHVILLE, TN 37203

Title: DVP  
Name: MALONEY, DAVID M  
Address: 3100 W END AVE STE 800  
City-St-Zip: NASHVILLE, TN 37203

Title: DCFO  
Name: MAULDIN, J. MICHAEL  
Address: 3100 W END AVE STE 800  
City-St-Zip: NASHVILLE, TN 37203

I hereby 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

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08/04/2010

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