

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M02000000593

FILED
May 01, 2003
Secretary of State

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

Current Principal Place of Business:

95 HAYDEN AVE.
LEXINGTON, MA 02420

New Principal Place of Business:

Current Mailing Address:

95 HAYDEN AVE.
LEXINGTON, MA 02420

New Mailing Address:

ATTN: TAX DEPT., 95 HAYDEN AVE.
LEXINGTON, MA 02420

FEI Number: 36-4227087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: LESTER, JOE
Address: 95 HAYDEN AVENUE
City-St-Zip: LEXINGTON, MA 02420

Title: MGRM () Change (X) Addition
Name: MAASKE, ERIC
Address: 95 HAYDEN AVENUE
City-St-Zip: LEXINGTON, MA 02420

Title: MGRM () Change (X) Addition
Name: ZAEFTAKIS, M.D., DR. PAUL
Address: 95 HAYDEN AVENUE
City-St-Zip: LEXINGTON, MA 02420

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. PAUL ZABETAKIS, M.D.

MGRM

05/01/2003

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