


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M04000000454  
 1. Entity Name  
 THE EXTRACORPOREAL ALLIANCE, L.L.C.



Principal Place of Business  
 16818 VIA DEL CAMPO CT  
 SAN DIEGO, CA 92127

Mailing Address  
 16818 VIA DEL CAMPO CT  
 SAN DIEGO, CA 92127

**DO NOT WRITE IN THIS SPACE**



04262005No Chg-LLC CR2E083 (10/03)

4. FEI Number 36-4122087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**

U00000355774  
 05/04/05-80007-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KUERBITZ, RONALD J 16818 VIA DEL CAMPO CT SAN DIEGO, CA 92127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP ZABETAKIS, PAUL M.D. 16818 VIA DEL CAMPO CT SAN DIEGO, CA 92127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BROSNAN, MICHAEL 16818 VIA DEL CAMPO CT SAN DIEGO, CA 92127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAASKE, ERIC 16818 VIA DEL CAMPO CT SAN DIEGO, CA 92127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCGORTY, ROBERT 16818 VIA DEL CAMPO CT SAN DIEGO, CA 92127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUMA, JOSEPH J 16818 VIA DEL CAMPO CT SAN DIEGO, CA 92127

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Paul J. Colantonio*  
 Paul J. Colantonio  
 Assistant Treasurer

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