

# 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**



**\$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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

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

**U000000355774  
05/04/05-80007-025 50.00**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** VPS  
**NAME** KUERBITZ, RONALD J  
**STREET ADDRESS** 16818 VIA DEL CAMPO CT  
**CITY-ST-ZIP** SAN DIEGO, CA 92127

**TITLE** CEOP  
**NAME** ZABETAKIS, PAUL M.D.  
**STREET ADDRESS** 16818 VIA DEL CAMPO CT  
**CITY-ST-ZIP** SAN DIEGO, CA 92127

**TITLE** CFO  
**NAME** BROSNAN, MICHAEL  
**STREET ADDRESS** 16818 VIA DEL CAMPO CT  
**CITY-ST-ZIP** SAN DIEGO, CA 92127

**TITLE** VP  
**NAME** MAASKE, ERIC  
**STREET ADDRESS** 16818 VIA DEL CAMPO CT  
**CITY-ST-ZIP** SAN DIEGO, CA 92127

**TITLE** VP  
**NAME** MCGORTY, ROBERT  
**STREET ADDRESS** 16818 VIA DEL CAMPO CT  
**CITY-ST-ZIP** SAN DIEGO, CA 92127

**TITLE** VP  
**NAME** RUMA, JOSEPH J  
**STREET ADDRESS** 16818 VIA DEL CAMPO CT  
**CITY-ST-ZIP** 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 #