

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90273 001 ***100.00

30004114



03232006 Chg-LLC CR2E083 (11/05)

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		
2. Principal Place of Business 95 Hayden Ave Suite, Apt. #, etc.		3. Mailing Address 95 Hayden Ave Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">30004114</div> <div style="font-size: 12px; margin-top: 10px;">03232006 Chg-LLC CR2E083 (11/05)</div>	
City & State Lexington MA Zip Country 02420-9192		City & State Lexington MA Zip Country 02420-9192			
4. FEI Number 36-4122087		Applied For <input type="checkbox"/> 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			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KUERBITZ, RONALD J 16818 VIA DEL CAMPO CT SAN DIEGO, CA 92127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition See Attached		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP ZABETAKIS, PAUL M.D. 16818 VIA DEL CAMPO CT SAN DIEGO, CA 92127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BROSNAN, MICHAEL 16818 VIA DEL CAMPO CT SAN DIEGO, CA 92127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAASKE, ERIC 16818 VIA DEL CAMPO CT SAN DIEGO, CA 92127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCGORTY, ROBERT 16818 VIA DEL CAMPO CT SAN DIEGO, CA 92127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUMA, JOSEPH J 16818 VIA DEL CAMPO CT SAN DIEGO, CA 92127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 40%; text-align: center;"> Paul J. Colantonio Assistant Treasurer </div> <div style="width: 20%; text-align: right;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">3/23/06</div> <div style="margin-right: 10px;">781-402-9000</div> </div> <small>Date Daytime Phone #</small> </div> </div>					

ATTACHMENT 30004114

THE EXTRACORPOREAL ALLIANCE, LLC # M04000000454

FEIN 36-4122087

LIST OF OFFICERS AND DIRECTORS
EFFECTIVE 12/12/2005

MEMBER	OFFICE	BUSINESS
RICE POWELL	MEMBER	95 HAYDEN AVENUE LEXINGTON, MA 02420
PAUL ZABETAKIS, MD	MEMBER	95 HAYDEN AVENUE LEXINGTON, MA 02420
OFFICERS	OFFICE	BUSINESS
PAUL ZABETAKIS, MD	CHIEF EXECUTIVE OFFICER	95 HAYDEN AVENUE LEXINGTON, MA 02420
MICHAEL BROSNAN	CHIEF FINANCIAL OFFICER	95 HAYDEN AVENUE LEXINGTON, MA 02420
RONALD J. KUERBITZ	EXECUTIVE VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
ERIC MAASKE	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
LIAM WALSH	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
KENT WANZEK	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
BRIAN WIECK	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARK FAWCETT	TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
PAUL J. COLANTONIO	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARC S. LIEBERMAN	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
DOUGLAS G. KOTT	SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420
ALLISON ALLEN	ASSISTANT SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420

CORPORATE HEADQUARTERS
95 HAYDEN AVENUE
LEXINGTON, MA 02420-9192

ATTACHMENT

30004114

#M04000000454

PO Box 6478 Changes in LLC
Perfusion Resource Association, LLC
The Extracorporeal Alliance, LLC

M02000000593	36-4227087	\$	50.00	\$	-	\$	50.00
M04000000454	36-4122087	\$	50.00	\$	-	\$	50.00
		\$	100.00	\$	-	\$	100.00

Check Total \$100.00

Check # 206001