

**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)

<b>DOCUMENT # M04000000454</b>					
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		3. Mailing Address 95 Hayden Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lexington MA		City & State Lexington MA		4. FEI Number 36-4122087	
Applied For Not Applicable					
Zip 02420-9192		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 02420-9192		Country			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUERBITZ, RONALD J	NAME	See Attached		
STREET ADDRESS	16818 VIA DEL CAMPO CT	STREET ADDRESS			
CITY-ST-ZIP	SAN DIEGO, CA 92127	CITY-ST-ZIP			
TITLE	CEOP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZABETAKIS, PAUL M.D.	NAME			
STREET ADDRESS	16818 VIA DEL CAMPO CT	STREET ADDRESS			
CITY-ST-ZIP	SAN DIEGO, CA 92127	CITY-ST-ZIP			
TITLE	CFO <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROSINAN, MICHAEL	NAME			
STREET ADDRESS	16818 VIA DEL CAMPO CT	STREET ADDRESS			
CITY-ST-ZIP	SAN DIEGO, CA 92127	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAASKE, ERIC	NAME			
STREET ADDRESS	16818 VIA DEL CAMPO CT	STREET ADDRESS			
CITY-ST-ZIP	SAN DIEGO, CA 92127	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGORTY, ROBERT	NAME			
STREET ADDRESS	16818 VIA DEL CAMPO CT	STREET ADDRESS			
CITY-ST-ZIP	SAN DIEGO, CA 92127	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUMA, JOSEPH J	NAME			
STREET ADDRESS	16818 VIA DEL CAMPO CT	STREET ADDRESS			
CITY-ST-ZIP	SAN DIEGO, CA 92127	CITY-ST-ZIP			
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.					
SIGNATURE: <u><i>Raul J. Colantonio</i></u>		<u>Raul J. Colantonio</u> <b>Assistant Treasurer</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>3/23/06</u>		Daytime Phone # <u>781-402-9000</u>	

**ATTACHMENT** 30004114

**THE EXTRACORPOREAL ALLIANCE, LLC # MD4000000454**

FEIN 36-4122087

**LIST OF OFFICERS AND DIRECTORS  
EFFECTIVE 12/12/2005**

<b>MEMBER</b>	<b>OFFICE</b>	<b>BUSINESS</b>
RICE POWELL	MEMBER	95 HAYDEN AVENUE LEXINGTON, MA 02420
PAUL ZABETAKIS, MD	MEMBER	95 HAYDEN AVENUE LEXINGTON, MA 02420
<b>OFFICERS</b>	<b>OFFICE</b>	<b>BUSINESS</b>
PAUL ZABETAKIS, MD	CHIEF EXECUTIVE OFFICER	95 HAYDEN AVENUE LEXINGTON, MA 02420
MICHAEL BROSANAN	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