

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90180 001 \*\*\*450.00

**DOCUMENT # M04000000454**



1. Entity Name  
**THE EXTRACORPOREAL ALLIANCE, L.L.C.**

Principal Place of Business  
**95 HAYDEN AVE  
 LEXINGTON, MA 02420-9192**

Mailing Address  
**95 HAYDEN AVE  
 LEXINGTON, MA 02420-9192**

**30006104**

2. Principal Place of Business - No P.O. Box #  
**920 Winter Street**

3. Mailing Address  
**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302007 Chg-LLC CR2E083 (12/06)

City & State  
**Waltham, MA**

City & State

4. FEI Number  
**36-4122087**

Applied For  
 Not Applicable

Zip  
**02451**

Country

Zip

Country

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**

**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

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, 2007**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP KUERBITZ, RONALD J 16818 VIA DEL CAMPO CT SAN DIEGO, CA 92127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP ZABETAKIS, PAUL M.D. 16818 VIA DEL CAMPO CT SAN DIEGO, CA 92127	<input checked="" type="checkbox"/> Delete
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	VP MAASKE, ERIC 16818 VIA DEL CAMPO CT SAN DIEGO, CA 92127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ALLEN, ALLISON 95 HAYDEN AVE LEXINGTON, MA 02420	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOTT, DOUGLAS G 95 HAYDEN AVE LEXINGTON, MA 02420	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Marc Lieberman 920 Winter Street Waltham, MA 02451	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 920 Winter Street Waltham, MA 02451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Celeste O'Keefe 920 Winter Street Waltham, MA 02451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

*Marc Lieberman* **MARC LIEBERMAN** 4/25/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

781-699-9000

Daytime Phone #