

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		
2. Principal Place of Business - No P.O. Box # 920 Winter Street		3. Mailing Address same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Waltham, MA		City & State		4. FEI Number 36-4122087	
Zip 02451		Country		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, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	CEO 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	920 Winter Street Waltham, MA 02451	<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	920 Winter Street Waltham, MA 02451	<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'Keeffe 920 Winter Street Waltham, MA 02451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	920 Winter Street Waltham, MA 02451	<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 4/25/07					781-699-9000 Daytime Phone #