Florida Department of State Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Name Account Number : 110432003053 Phone

: (561)694-8107

Fax Wumber

: (561)694-1639

REGISTERED AGENT CHANGE

THE EXTRACORPOREAL ALLIANCE, L.L.C.

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12/5/07 2:46 Pt

Corporate Creations International Inc. 11880 Prosperity Farms Road #221E Paim Beach Gardens FL 83410

(581) 694-8107

H07000292855

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is: The Es	(tracorporeal Alliance, LLC
2. The mailing address of the limited liability company	is;
920 WINTER ST WALTHAM MA 02451	
	MO4000000454
2/4/2004 3. Date of filling/registration in Florida	4. Document number
<u> </u>	
 The name of the registered agent and the registered Florida Department of State: 	office address as shown on the records of the
C T CORPORATION	SYSTEM
	Name
1200 SOUTH PINE IS	
PLANTATION FL 3	Address
	y. State and Zip
3. The name and address of the new registered agent a	· · · · · · ·
Corporate Creations N	
October 1	Narge
11380 Prosperity Farm	18 Road #221E
Florida street addre	es (P.O. Box NOT acceptable)
Palm Beach Gardens	FL 93410
	y, State and Zip AE
If the limited liability company is not organized under	the laws of the State of Plorida, it is hereby confirmed that effer the change
	registered office and the business office of the registered again will be company, it is hereby commend that the change(s) was were authorized by
	lity company or as otherwise provided in the articles of organization or
the operating agreement of the limited liability compa	ny.
(Signature of a member or authorized representative of a me	
•	Compet)
by S. Simons as attorney-in-fact (Printed or Typod name of signes)	8: 25
***	nd agree to act in this capacity. I further agree to comply with the provision
of all statutes relative to the proper and complete per	formance of my duties, and I am familiar with and accept the obligations of
my position as registered agent as provided for in Cha	upter 608, F.S. Or, if this document is being filed to merely reflect a change
In the registered price pagress, I hereby confirm that	the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)	Samantha Simons, Assistant Secretary
a	
<u> </u>	, P.O. Box 6327, Tallahassee, FL 32314

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