

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90024 023 ***138.75

60028828



04102008 Chg-LLC CR2E083 (12/06)

4. FEI Number **36-4122087** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DOCUMENT # M04000000454

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

Principal Place of Business
**920 WINTER ST
 WALTHAM, MA 02451**

Mailing Address
**920 WINTER ST
 WALTHAM, MA 02451**

2. Principal Place of Business - No P.O. Box #
3100 West End Avenue

3. Mailing Address
3100 West End Avenue

Suite, Apt. #, etc.
Suite 150

Suite, Apt. #, etc.
Suite 150

City & State
Nashville, TN

City & State
Nashville, TN

Zip
37203

Country
USA

Zip
37203

Country
USA

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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 920 WINTER ST SAN DIEGO, CA 92127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Gary A. Brukardt 3100 West End Avenue, Suite 150 Nashville, TN 37203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LIEBERMAN, MARC 920 WINTER ST WALTHAM, MA 02451 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Jim C. Lordeman 3100 West End Avenue, Suite 150 Nashville, TN 37203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BROSNAN, MICHAEL 920 WINTER ST WALTHAM, MA 02451 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member David W. Hoist 3100 West End Avenue, Suite 150 Nashville, TN 37203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAASKE, ERIC 920 WINTER ST WALTHAM, MA 02451 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Franklin W. Maddux 3100 West End Avenue, Suite 150 Nashville, TN 37203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS O'KEEFE, CELESTE 920 WINTER ST WALTHAM, MA 02451 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member David M. Maloney 3100 West End Avenue, Suite 150 Nashville, TN 37203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOTT, DOUGLAS G 920 WINTER ST WALTHAM, MA 02451 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member C. Courtney Vanderveer 3100 West End Avenue, Suite 150 Nashville, TN 37203 <input type="checkbox"/> Change <input checked="" 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: *James C. Friedman* 04/11/08 615-345-5580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Additional Member of The Extracorporeal Alliance, LLC

Addition Ben J. Lipps Member 920 Winter Street Waltham, MA 02451

ATTACHMENT

60028828

M0400000454