2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000454

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

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 150	ST END AVENU) LE, TN 37203	JE			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
SUITE 150	ST END AVENU) LE, TN 37203	JE			
FEI Number	: 36-4122087	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
11380 PR		NS NETWORK, INC. RMS ROAD #221E S, FL 33410 US			
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
MANAGING	MEMBERS/MANA	AGERS:	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	BRUKARDT, G	ID AVENUE, SUITE 150	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LORDEMAN, JI	ND AVENUE, SUITE 150	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HOLST, DAVID	ID AVENUE, SUITE 150	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MADDUX, FRA	ID AVENUE, SUITE 150	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MALONEY, DA	ID AVENUE, SUITE 150	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VANDERVEER	ID AVENUE, SUITE 150	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTI D. GRIFFIN SEC 01/06/2009