

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000454

FILED
Jun 09, 2010
Secretary of State

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

Current Principal Place of Business:

3100 WEST END AVENUE
SUITE 150
NASHVILLE, TN 37203

New Principal Place of Business:

3100 WEST END AVENUE
SUITE 800
NASHVILLE, TN 37203

Current Mailing Address:

3100 WEST END AVENUE
SUITE 150
NASHVILLE, TN 37203

New Mailing Address:

3100 WEST END AVENUE
SUITE 800
NASHVILLE, TN 37203

FEI Number: 36-4122087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: CEOD
Name: BRUKARDT, GARY A
Address: 3100 WEST END AVENUE, SUITE 800
City-St-Zip: NASHVILLE, TN 37203

Title: SD
Name: GRIFFIN, CHRISTI D
Address: 3100 WEST END AVENUE, SUITE 800
City-St-Zip: NASHVILLE, TN 37203

Title: PD
Name: CRUTCHFIELD, SUSAN L
Address: 3100 WEST END AVENUE, SUITE 800
City-St-Zip: NASHVILLE, TN 37203

Title: CFOD
Name: MAULDIN, J MICHAEL
Address: 3100 WEST END AVENUE, SUITE 800
City-St-Zip: NASHVILLE, TN 37203

Title: VPD
Name: MALONEY, DAVID M
Address: 3100 WEST END AVENUE, SUITE 800
City-St-Zip: NASHVILLE, TN 37203

I hereby 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

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06/09/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date