2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

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Entity Name: THE WOODRUFF INSTITUTE, L.L.C.

Current Principal Place of Business:

11181 HEALTH PARK BLVD SUITE 3030
NAPLES, FL 34110

New Principal Place of Business:

11181 HEALTH PARK BLVD SUITE 3030
NAPLES, FL 34110 US

Current Mailing Address:

11181 HEALTH PARK BLVD SUITE 3030
NAPLES, FL 34110

New Mailing Address:

11181 HEALTH PARK BLVD SUITE 3030
NAPLES, FL 34110 US

FEI Number: 20-0113558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICI, JAMES R ESQ.
C/O COX & NICI
1185 IMMOKALEE ROAD, SUITE 110
NAPLES, FL 34110 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: MGR ( ) Delete
Name: LAMBERT, REBECCA M.D.
Address: 11181 HEALTH PARK BLVD SUITE 3030
City-St-Zip: NAPLES, FL 34110

Title: MGR ( ) Delete
Name: SONNE, JONATHAN M.D.
Address: 11181 HEALTH PARK BLVD SUITE 3030
City-St-Zip: NAPLES, FL 34110

Title: PS ( ) Delete
Name: SONNE, JONATHAN M.D.
Address: 11181 HEALTH PARK BLVD SUITE 3030
City-St-Zip: NAPLES, FL 34110

Title: VPT ( ) Delete
Name: LAMBERT, REBECCA M.D.
Address: 11181 HEALTH PARK BLVD SUITE 3030
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LAMBERT, REBECCA M.D.
Address: 11181 HEALTH PARK BLVD SUITE 3030
City-St-Zip: NAPLES, FL 34110 US

Title: MGR (X) Change ( ) Addition
Name: SONNE, JONATHAN M.D.
Address: 11181 HEALTH PARK BLVD SUITE 3030
City-St-Zip: NAPLES, FL 34110 US

Title: PS (X) Change ( ) Addition
Name: SONNE, JONATHAN M.D.
Address: 11181 HEALTH PARK BLVD SUITE 3030
City-St-Zip: NAPLES, FL 34110 US

Title: VPT (X) Change ( ) Addition
Name: LAMBERT, REBECCA M.D.
Address: 11181 HEALTH PARK BLVD SUITE 3030
City-St-Zip: NAPLES, FL 34110 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JONATHAN SONNE MGR 01/06/2007

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