

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032386

FILED
Jan 25, 2008
Secretary of State

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

Current Principal Place of Business:

11181 HEALTH PARK BLVD SUITE 3030
NAPLES, FL 34110 US

New Principal Place of Business:

2235 VENETIAN COURT
NAPLES, FL 34109 US

Current Mailing Address:

11181 HEALTH PARK BLVD SUITE 3030
NAPLES, FL 34110 US

New Mailing Address:

2235 VENETIAN COURT
NAPLES, FL 34109 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 US

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

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JONATHAN E. SONNE

MGR

01/25/2008

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