

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000032386

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

2235 VENETIAN COURT UNIT #1  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

2235 VENETIAN COURT UNIT #1  
NAPLES, FL 34109 US

**New Mailing Address:**

**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  
**Name:** LAMBERT, REBECCA M.D.  
**Address:** 2129 MISSION DRIVE  
**City-St-Zip:** NAPLES, FL 34109 US

**Title:** MGR  
**Name:** SONNE, JONATHAN M.D.  
**Address:** 2129 MISSION DRIVE  
**City-St-Zip:** NAPLES, FL 34109 US

**Title:** PS  
**Name:** SONNE, JONATHAN M.D.  
**Address:** 2129 MISSION DRIVE  
**City-St-Zip:** NAPLES, FL 34109 US

**Title:** VPT  
**Name:** LAMBERT, REBECCA M.D.  
**Address:** 2129 MISSION DRIVE  
**City-St-Zip:** NAPLES, FL 34109 US

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:** JONATHAN E. SONNE

MGR

01/26/2010

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