2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2011
Secretary of State

DOCUMENT# L03000032386

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 Statues.

SIGNATURE: JONATHAN E. SONNE MGR 02/07/2011

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