

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008522

FILED
Apr 02, 2008
Secretary of State

Entity Name: THE WOMEN'S HEALTH INSTITUTE, LLC

Current Principal Place of Business:

10111 FOREST HILL BOULEVARD
SUITE 261
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

11924 FOREST HILL BOULEVARD
SUITE 22, NUMBER 313
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 76-0784432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNSTEIN, SARA J
11924 FOREST HILL BOULEVARD
SUITE 22-313
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

BERNSTEIN, GLEN C
11924 FOREST HILL BOULEVARD
SUITE 22-313
WELLINGTON, FL 33414 US

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: GLEN C. BERNSTEIN 04/02/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERNSTEIN, SARA J
Address: 11924 FOREST HILL BLVD., SUITE 22-313
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES:

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

Title: MGRM () Delete
Name: BERNSTEIN, GLEN C
Address: 11924 FOREST HILL BLVD., SUITE 22-313
City-St-Zip: WELLINGTON, FL 33414 US

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: GLEN C. BERNSTEIN MGRM 04/02/2008

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